



## 2023 GRANTING PINK Individual Grant Program

### APPLICATION FORM

Apply Dec. 1, 2022 – Jan. 31, 2023

#### ABOUT THRIVING PINK

Thriving Pink is a local nonprofit organization based in Yolo County, California. We are volunteer driven and committed to helping those diagnosed with breast cancer thrive by providing a compassionate network of support and resources. Thriving Pink provides support groups, educational workshops, and individual financial grants to our community. The Chair of Granting Pink, Rose Cholewinski, is the owner of SwimAmerica-Davis. The Granting Pink program committee also includes breast cancer survivors, community members, local oncology physicians, and nurses.

#### GRANTING PINK

Individual financial grants are provided to local breast cancer survivors to support them on their journey, and to recognize them for their incredible resilience and determination in the face of great challenges. Funds are used for immediate and direct needs which are not covered by health insurance or any other type of financial assistance. (Medical care/treatment, prescriptions, cold caps, therapy, surgery, mortgage payments, food, shelter, utilities, travel expenses/gas or other quality of life expenses).

#### WHO CAN APPLY

Breast cancer survivors who reside in Yolo County and have not received a prior grant\* may apply for a grant. You can also nominate a friend or family member by filling out the application for them. A range of funds are provided up to \$1,500 maximum per applicant. \*If you have received a prior grant but are undergoing treatment for a new diagnosis, you can apply again.

If you are nominating someone for the grant, please fill out part 1 with their information and the optional nomination with your information.

#### APPLICATION TIMELINE

**December 1, 2022 – January 31, 2023**

By March 1, 2023

Weekend of March 11-12, 2023

Friday May 5, 2023

**Applications accepted**

Recipients are notified

Grants awarded

Thriving Pink Gala

#### HOW TO APPLY?

1. Complete both parts of the attached application form.
2. Email completed applications to [info@thrivingpink.org](mailto:info@thrivingpink.org) or mail by January 31<sup>st</sup>, 2023 to:

THRIVING PINK  
PO Box 72314  
Davis, CA 95617

#### QUESTIONS?

Please email [info@thrivingpink.org](mailto:info@thrivingpink.org). We look forward to receiving your application!



## GRANTING PINK

### APPLICATION FORM PART 1

All information must be filled in. Please print legibly.

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Current Breast Cancer Diagnosis:

- Non-Invasive (DCIS, Stage 0)
- Invasive (IDC/ILC, Stage 1, 2, or 3)
- Metastatic (Stage 4)

Date Diagnosed \_\_\_\_\_

Date of Re-Diagnosis (if any) \_\_\_\_\_

What is your current treatment plan?

- Lumpectomy
- Mastectomy
- Chemotherapy
- Radiation
- Other related surgery
- Unsure

What treatment have you received in the past year?

- In active treatment (surgery, chemo, radiation, medication)
- Long term metastatic treatments
- Completed initial treatment, finishing later (ie; reconstruction)
- Medication management only
- None

Name of your oncologist and hospital location \_\_\_\_\_

\_\_\_\_\_

How did you receive this application? \_\_\_\_\_

\_\_\_\_\_

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**APPLICATION FORM PART 2**

If awarded a grant, how would you use the funds?

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**Please attach a brief essay (one page or shorter) sharing your journey. It is helpful for our Grant Selection Committee to get to know you better in order to support you. Thank you!**

*Office & Community Room:  
501 2nd Street Davis, CA 95616*

[info@thrivingpink.org](mailto:info@thrivingpink.org)

*Check out our new website @[www.thrivingpink.org](http://www.thrivingpink.org)!  
501(c)(3) #89-2172130*

### OPTIONAL NOMINATION

If you are nominating a local breast cancer survivor, please fill out all personal information in part 1 for the individual you are nominating, and provide the following information below about yourself:

Name \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

How do you know the individual you are nominating: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you receive this application? \_\_\_\_\_

\_\_\_\_\_

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*Check out our new website @[www.thrivingpink.org](http://www.thrivingpink.org)!  
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