2027 GRANTING PINK

Individual Grant Program

APPLICATION FORM

Apply October 1, 2026 – January 31, 2027

Would you like help completing this application? Yes _____ or No _____

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 financial grants to individuals in our community.

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. The maximum individual grant is $2,000. Funds may be used for immediate and direct needs such as medical care/treatment, prescriptions, therapy, surgery, rent/mortgage payments, food, utilities, transportation expenses/gas, wellness support, quality-of-life, or other related expenses. The Granting Pink Committee is typically made up of breast cancer survivors, community members, and oncology medical professionals.

WHO CAN APPLY

Individuals who have been diagnosed or re-diagnosed with breast cancer within the past three years (2023-2026) are invited to apply based on the following eligibility requirements:

- Applicants who live in Yolo County and have not previously received a grant from Thriving Pink.
- If funding is available, grants may be given to non-Yolo County residents who receive their breast cancer medical treatment in Yolo County and to prior grant recipients with a new breast cancer diagnosis.

Community members, family and friends may nominate an eligible individual by completing the application with them.

APPLICATION TIMELINE

Applications are accepted from October 1, 2026 – January 31, 2027
Applicants are notified by February 19, 2027
Grants are given on the weekend of March 13 & 14, 2027
Grantee recognition event on April 4, 2027

HOW TO APPLY

1. Complete both parts of the attached application form.
2. If you need assistance, email info@thrivingpink.org or call 530-219-2250
3. Email completed applications to info@thrivingpink.org or mail by January 31, 2027 to:
   THRIVING PINK
   PO Box 72314
   Davis, CA 95617

QUESTIONS?

Please email info@thrivingpink.org. We look forward to receiving your application.

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APPLICATION FORM PART 1

Please fill in your best contact information and print legibly.

Name _____ Date _____

Age _____ Preferred Language _____

Residential Address (PO box not acceptable)

_____

City _____ State _____ Zip _____
Email _____
Phone _____
Breast Cancer Diagnosis:

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

  Note: Members of your medical team may be able to help you with this information if unsure.

Year Diagnosed: _____

Year of Re-Diagnosis (if applicable): _____

What treatments, procedures, therapies, or medication are you currently receiving, or have received in the past three years? Check all that apply.

- ☐ Lumpectomy
- ☐ Mastectomy
- ☐ Chemotherapy/Immunotherapy
- ☐ Radiation
- ☐ Long term metastatic treatments
- ☐ Hormone therapy (Tamoxifen, Arimidex, Letrozole, Lupron, etc.)
- ☐ Other related surgery, such as reconstructive
- ☐ Fertility Preservation or reproductive services related to treatment
- ☐ Unsure
- ☐ Other _____
- ☐ None

  Note: Members of your medical team may be able to help you with this information if unsure.

What treatments, procedures, therapies, or medication do you expect to receive in the future? Check all that apply.

- ☐ Lumpectomy
- ☐ Mastectomy
- ☐ Chemotherapy/Immunotherapy
- ☐ Radiation
- ☐ Long term metastatic treatments
- ☐ Hormone therapy (Tamoxifen, Arimidex, Letrozole, Lupron, etc.)
- ☐ Other related surgery, such as reconstructive
- ☐ Fertility Preservation or reproductive services related to treatment
- ☐ Unsure
- ☐ Other _____
- ☐ None

  Note: Members of your medical team may be able to help you with this information if unsure.

Name of your oncologist: _____

Hospital name & location where being treated: _____

_____

_____

How did you receive this application? _____

_____

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APPLICATION FORM PART 2

Requested Grant Amount (maximum award is $2,000): _____

Based on available grant funds, and number of applicants, Thriving Pink will do its best to meet all requests. The amount of this one time grant may differ from the amount requested.

Funds may be used for immediate and direct needs such as medical care/treatment, prescriptions, therapy, surgery, rent/mortgage payments, food, utilities, transportation expenses/gas, wellness support, quality-of-life, or other related expenses.

If necessary, do you give permission for us to speak with someone on your behalf? Yes ____ or No _____
If yes, please provide:
1. Name: _____ 2. Relationship to you: _____

3. Phone Number: _____ 4. Preferred Language: _____

Please share about your experience with breast cancer in the space below–how it's impacted your life and how you would use the funds, if awarded a grant. Please be as specific as you can about your financial needs as it is helpful for our Granting Pink Committee to get to know you better and support you. Thank you!

Office & Community Room:
501 2nd Street Davis, CA 95616
info@thrivingpink.org

Check out our website www.thrivingpink.org
501(c)(3) #89-2172130