



# 2022 GRANTING PINK Individual Grant Program APPLICATION FORM Apply Dec. 10, 2021 – Feb. 15, 2022

**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 local oncology physicians and nurses.

**GRANTING PINK** These 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 live, work, or receive treatment in Yolo County may apply for a grant. You can also nominate a friend or family member by filing out the application for them. A range of funds are provided up to \$2,000 maximum per applicant.

## APPLICATION TIMELINE

**December 10, 2021 – February 15, 2022**

By March 1, 2022

Weekend of March 12-13, 2022

**Applications accepted**

Recipients are notified

Grants awarded

Awardees will be recognized at the 6<sup>th</sup> Annual Thriving Pink Gala on Friday, April 22, 2022.

Recipients and their guests are encouraged to attend the Gala.

## HOW TO APPLY?

- Complete the attached application form.
- Email completed applications to [info@thrivingpink.org](mailto:info@thrivingpink.org) or mail by February 15<sup>th</sup> to:  
THRIVING PINK  
PO Box 73646  
Davis, CA 95617
- Questions? Please email [info@thrivingpink.org](mailto:info@thrivingpink.org). We look forward to receiving your application!

[www.ThrivingPink.org](http://www.ThrivingPink.org)



# GRANTING PINK

## APPLICANT PERSONAL INFORMATION FORM

All information must be filled in. Please print legibly.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Current or most recent career/employment position \_\_\_\_\_  
Ages of children, if any \_\_\_\_\_

Current Breast Cancer Diagnosis \_\_\_\_\_  
Where are you being treated? \_\_\_\_\_  
Name of your oncologist/physician? \_\_\_\_\_

Date Diagnosed \_\_\_\_\_ Current Stage/Grade \_\_\_\_\_  
Date of Re-Diagnosis (if any) \_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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### OPTIONAL NOMINATION

If you are nominating a local breast cancer survivor, please fill out all personal information above 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: \_\_\_\_\_  
\_\_\_\_\_

Where did you receive the application from? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## GRANTING PINK

### FUNDING REQUEST FORM

All information must be filled in. Please print legibly.

Applicant Name \_\_\_\_\_

Please fill in the chart below with how funds would be used and amounts requested.  
Only include costs which are not covered by health insurance or other financial means.

PAYMENT TYPE (circle or list)	DESCRIBE	AMOUNT \$
<b>Medical Treatment</b> Surgery Prescriptions Recovery Garments Medical Equipment Other: _____		
<b>Health Insurance</b> Premiums or Deductible		
<b>Quality of Life</b> Exercise/Nutrition Programs Cold Caps/Wigs Care provider Childcare Mortgage/Rent/Utilities Food/Groceries Therapy/Counseling Gas/Transportation Other: _____		

Unless requested otherwise, the grant check will be payable to the recipient.  
You can attach any relevant copies of invoices, bills or statements (optional).

Thriving Pink also has Peer Mentors available to support you and/or your children.  
Check here if you are interested in this support. \_\_\_\_\_

**Please attach a required minimum 1-2 page essay sharing your journey and why you are seeking these funds. It is helpful for our Grant Selection Committee to get to know you better to support you.**

Thank you!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date