

Festival of Hope

Assistance Preliminary Application

The Festival of Hope is a non-profit organization whose mission is to help cancer patients and their families in the service area of Regional West Medical Center. Assistance can help with non-medical expenses as related to their cancer care and treatment. There is a sincere interest by the Festival of Hope and our regional community to lend a hand to as many persons as possible who qualify for assistance.

Examples of needs that can be funded include (but are not limited to) travel, rent, utilities and medication. If you or someone you know find(s) yourself/themselves with a diagnosis of cancer and are in financial need, the Festival of Hope may be able to help.

Please fill out the pre-application and mail it to: The Festival of Hope c/o Cancer Treatment Center 3911 Avenue B Scottsbluff, NE 69361, or call Carol Diffendaffer at 308-630-1348. Further information will be requested to complete a formal application to ensure that the applicant has access to the maximum funding available.

Name of cancer patient: _____

Name of parent or guardian if applicable: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day _____ Evening _____ Cell _____

E-mail: _____

Cancer Type: _____

Date of cancer diagnosis: _____

Name of facility where diagnosis was made: _____

Physician(s) providing care for you: _____

Physician(s) phone numbers if not local: _____

Please know every effort will be taken to maintain strictest confidentiality!

I authorize the Festival of Hope Board of Directors and its designee, The Regional West Foundation, to secure information regarding my diagnosis and treatment.

Signature of Applicant or Guardian: _____

Relationship to Cancer Survivor: _____

Date: _____