



## 2019 Cuck It Grant Application

Cuck Fancer. is dedicated to raising awareness around young adult cancer survivors and the unique struggles they face integrating back in to life after cancer. Our annual grant, the “Cuck It” grant, is dedicated to finding individual cancer survivors that could benefit from financial support to get back on their feet and back in to life after cancer.

Mail completed application and supplemental materials to:

Cuck Fancer. Inc  
5535 Balboa Blvd. Suite 206  
Encino, CA 91316

The 2019 “Cuck It” grant application is **due AUGUST 21st, 2019**. Applications received after this date will not be accepted, please allow up to 5 weeks to be contacted after the deadline.

### ELIGIBILITY REQUIREMENTS

- Must be between the ages of 18-29
- Must be within 5 years of diagnoses
- Must be U.S. resident

### MORE INFORMATION

Applicants are not discriminated against based on sex, race or religious belief. Receivers of the grant are based upon financial need as well the specific challenge the survivor is facing and Cuck Fancer.’s ability to provide that need.

Questions? Email us at  
[cuckfancer@gmail.com](mailto:cuckfancer@gmail.com)

# PART 1: Application Information Sheet

## CONTACT INFORMATION

Full Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### PRIMARY CONTACT PERSON

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## DIAGNOSIS INFORMATION

I am a cancer survivor:  I am currently battling cancer:

Type of cancer: \_\_\_\_\_

Age(s) at diagnosis: \_\_\_\_\_ Date(s) of diagnosis: \_\_\_\_\_

Treating hospital: \_\_\_\_\_

Current health status: \_\_\_\_\_

Attending physician: \_\_\_\_\_

## FINANCIAL INFORMATION

Total # of immediate family members: \_\_\_\_\_

Monthly mortgage/rent payment \$ \_\_\_\_\_

Monthly out of pocket medical expenses \$ \_\_\_\_\_

Other monthly debts (Car payment, credit card, loans, insurance, etc.) \$ \_\_\_\_\_

If you have a current job, salary or hourly wage: \$ \_\_\_\_\_

**Please submit most recent W2 form.**

Please certify that the above information is truthful and accurate to the best of your knowledge:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PERSONAL STATEMENT

Answer the following question: (Typed on a separate page, no more than 750 words. Video admissions allowed, no more than 3 minutes)

How has cancer affected your life, and what *specifically* would you do with the grant?

*\*We are looking to give recipients grants that will be used for specific reasons in the effort to get their lives back on track, please be as specific and descriptive as possible in this statement*

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### LETTER OF RECOMMENDATION

ONE letter of recommendation needs to be from the treating physician, nurse, or healthcare provider.  
(Typed on a separate page)

Please include all four parts with your packet!

1. Application information (Contact, Diagnoses, Financial)  
*\*If applicable, please submit most recent W2 form.*
2. Personal statement
3. Letter of recommendation

Applications must be post marked by **August 21st, 2019**. Please allow up to 5 weeks to be contacted after the deadline.

For any further questions please email us at:

[cuckfancer@gmail.com](mailto:cuckfancer@gmail.com)

Mail all completed applications to:

Cuck Fancer. Inc.  
5535 Balboa Blvd. Suite 206  
Encino, CA 91316



# Release of Information

By signing this release form, I authorize Cuck Fancer., to use the following personal information:

- (1) My picture—including photographic, motion picture and electronic (video) images.
- (2) My voice—including sound and video recordings.
- (3) My background story relating to cancer

I hereby grant Cuck Fancer. the right to use, publish, and reproduce, for all purposes, my name, image in film or electronic (video), story, sound and video recording of my voice, as well as, printed electronic copy of the information described in sections (1), (2) and (3) above in any and all media including , without limitation, cable and broadcast television and the internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant Cuck Fancer. all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original picture and content, and further grant Cuck Fancer. the right to exhibit my image and story for marketing, communications, or advertising purposes, as it deems fit.

I acknowledge that I have read the foregoing and I fully understand the contents

X \_\_\_\_\_  
*Sign Name*

Print Name: \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Shirt Size (circle one): XS S M L XL XXL

Favorite Quote: