

The Glendive Community Cancer Fund was started by members of the Glendive Cancer Support Group. The fund supports cancer patients in offering assistance monetarily, once per calendar year. A minimum of 3 board members will be required to disburse funds; we understand a cancer diagnosis and treatments can be a stress on one's finances. The fund was designed to help individuals with the following criteria:

- A current cancer diagnosis
- Reside in Dawson County or surrounding (McCone, Prairie, Richland, Wibaux) or receiving cancer treatment in Glendive

Application fulfillment will be subject to fund availability.

Person diagnosed with cancer (Full Name):

		Age:	
Cancer Type:			
Address:			
Street/Box	City	State	Zip
Home Phone:	Cell:		
Have you received funds from GC	CCF previously?	_ For same diagnosis (	′y/n)
Is this a new diagnosis or are you	currently receiving any ty	pe of treatment for the	cancer diagnosis?
Signature of Applicant:			
Date:	-		
Please return this form to:			
Glendive Community Cancer Fund			
PO Box 1144			
Glendive, MT 59330			
Or drop off at Surgery Center at Glendive M	edical Center, Attention: Kourtne	ey Stortz, RN	
Approved by		Date	
Amount Check #			
Amount Check #			