

STAC GRANT APPLICATION

ABOUT

WHAT IS STAC? Students Together Against Cancer is a student-run non-profit dedicated to helping local cancer patients make ends meet by providing assistance with food and utilities. STAC is primarily funded by local fundraising events and community/federal donations and grants. To learn more about STAC and the individuals who have benefitted from the STAC Grant, visit teamstac.org.

WHAT IS THE STAC GRANT? Students Together Against Cancer is a student-run non-profit dedicated to helping local cancer patients make ends meet by providing assistance with food and utilities. Recipients are eligible for a \$400 one-time grant in the form of B&R Stores Gift Cards (valid at Super Saver and Russ' Market) or utility payments written directly to utility companies.

WHO IS ELIGIBLE FOR THE STAC GRANT? Individuals who meet the STAC Grant Criteria listed below are eligible:

1. Individuals must reside in or be receiving treatment in Lincoln, NE.
2. Individuals must have a household income at or below 250% of the federal poverty level.
3. In all cases, the individuals will already be under the care of a physician with a treatment regimen in place at the time of application.

For more information and specific details on the STAC Grant, visit teamstac.org/apply/.

HOW DO I APPLY FOR THE STAC GRANT? To apply for the STAC Grant, fill out all of the information on this application. Mail the application and attach all necessary documentation (income verification, signed W-9, and copies of bills for utility amount verification) to STAC at 1400 'R' Street, Suite 200 NU, Lincoln, NE 68508.

HOW WILL I KNOW IF I AM SELECTED AS A STAC GRANT RECIPIENT? Individuals who are selected to receive the STAC Grant will be contacted at the phone number provided on their application. Selection will occur between 2 and 3 weeks of the post-marked date of the mailed application. Questions? Email STAC at apply@teamstac.org.

GRANT APPLICATION

FULL LEGAL NAME		DATE OF BIRTH	
MAILING ADDRESS		GENDER	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
		MARITAL STATUS	
EMAIL ADDRESS		PHONE NUMBER	
NEW APPLICANT?	<input type="checkbox"/> Yes <input type="checkbox"/> No Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	LANGUAGE	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other

GRANT ASSISTANCE OPTIONS	ASSISTANCE TYPE (CHECK BOX & INDICATE AMOUNT)	AMOUNT (MAX \$400)	DOCUMENTATION REQUIRED
	<input type="checkbox"/> Food Assistance (B&R Stores Gift Cards)		None
	<input type="checkbox"/> Utility Assistance (Documentation Required)		Copies of all Bills Needing Assistance (Previous Month's Bill is Acceptable). Please Attach Copies With Application.
	Utility Company 1:		
Utility Company 2:			

TREATMENT LOCATION		TYPE OF CANCER	
TREATING PHYSICIAN		PHYSICIAN SIGNATURE	
ANNUAL INCOME		# IN HOUSEHOLD	

APPLICANT SIGNATURE	
----------------------------	--

I understand that Students Together Against Cancer will request only that information needed to process and administer this application. We will not disclose the information obtained except as needed for this purpose or as required by applicable law. I hereby represent, covenant and certify as follows that the information contained in this application is complete and accurate to the best of my knowledge. Students Together Against Cancer may revise, change or terminate the grant at any time.