**Butterfly Story Fund Application**

**1. Personal Information**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Home Phone #  |  |
| Cell Phone # |  |
| Email |  |
| Date of breast cancer diagnosis |  |
| Stage of treatment (i.e. in treatment, completed treatment) |  |

**2. Reason for Application**

|  |  |
| --- | --- |
| Please describe what it is that you are applying for. |  |
| Please describe how this will enhance your survivorship. |  |
| What is the financial cost? |  |
| What (if anything) are you able/willing to contribute? |  |

**3. Giving Back**

|  |  |
| --- | --- |
| Please describe the way in which you will give back to the Breast Cancer Support Group. |  |

Please note:

\* Diagnosis information provided on this form is confidential and will be reviewed by the Thunder Bay Breast Cancer Support Group Steering Committee.

\* A member of the Steering Committee will be in touch with you following review of this application.