



CONFIDENTIAL APPLICATION FOR ASSISTANCE

Applications Postmarked by	Grants Awarded
February 20	March Board Meeting
May 20	June Board Meeting
August 20	September Board Meeting
November 20	December Board Meeting

**Return Application and REQUIRED Pathology Report to:
The Karen P. Nakon Breast Cancer Foundation
35765 Chester Road
Avon , OH 44011
info@nakonfoundation.org**

Emergency applications for review outside of the Nakon Foundation quarterly meetings must demonstrate an immediate needthe emergency by including copies of any bills, legal notices, estimates, etc.

Please indicate the type of emergency and paperwork included with the application:

- Eviction / Foreclosure - Paperwork included: _____
- Utility shut off or disconnect—Paperwork included: _____
- Other (please explain) - _____

Applicant's Full Name: _____

Permanent Address: _____

City: _____ County: _____ State: _____ Zip: _____

Current Address if different than above: _____

City: _____ County: _____ State: _____ Zip: _____

Applicant Phone- Home: _____ Cell: _____ Work: _____

Email address: _____

DOB: _____ Age: _____ Race (optional): _____

Marital Status: Single Married Widowed
 Separated Divorced Living with partner

Spouse/Partner's Full Name: _____

Children and/or dependents and their relationship to you:

Resides with you?

Name: _____ Age: _____ Relationship: _____ Yes No PT

Name: _____ Age: _____ Relationship: _____ Yes No PT

Name: _____ Age: _____ Relationship: _____ Yes No PT

Name: _____ Age: _____ Relationship: _____ Yes No PT