



Grant Application

Location and Contact Information

First Name Last Name

Street Address (Permanent Home) County*

City/Town State ZIP Code

Primary Phone Alternate Phone

Email Address

Age Gender Male Female

Marital Status Single Married Other: _____

How long have you been married?

What are the ages of your dependents in your household (if any)?

Have you received a grant from the Chipstrong Foundation in the past? Yes No

*** IMPORTANT: The Chipstrong Foundation only offers grants to qualifying individuals in Outagamie, Waupaca, and Winnebago counties.**

Employment and Household Information

Yes No Are you currently employed and working?

Yes No Has your ability to work been limited by your treatment or current health?

Yes No Has your household income decreased as a result of your diagnosis or treatment?

If the above answer was "YES", how much less is your household monthly income?

Household Income

Monthly Household Wages

Monthly Federal/State Government Assistance (Social Security, Stamps, etc.)

Monthly Retirement Distribution (if receiving from a retirement fund or annuity)

Monthly Alimony or Child Support

Monthly Disability (if you are being paid by a disability insurance/plan)

Monthly Other Income

Mortgage / Rent Expenses

Do you own or rent your home? Own Rent Other

What is your mortgage or rent payment (per month)?



Your Cancer Journey

Who referred you to the Chipstrong Foundation?

Tell us about your cancer journey? We want to hear about you and your family and what you're worried about.

Physician Signature

A signed doctor's note stating you are undergoing or will be undergoing treatment is also accepted.

As the physician for _____, I can confirm that this patient is undergoing or will be undergoing cancer treatment. I understand that signing my name is only for the purpose of confirming treatment and will not be used to assume or infer any other information claimed on this document.

X _____ DATE: _____

Physician Signature

Mailing Application / Thank You!

Thank you very much for taking the time to complete this application. We take all applications into consideration!

Please mail the completed form to:

Chipstrong Foundation
N976 West Lake Ct
Hortonville, WI 54944