



# Eastern Maine Cancer Relief Fund

The mission of The Purple Iris Foundation is to raise awareness, provide support, resources and give hope to individuals and families affected by cancer, in Maine.

Christina Parrish founded The Purple Iris Foundation as a result of what was then her 18 month journey through pancreatic cancer. She was given the life-changing news on June 16, 2008. Needless to say, she initially reacted with shock and then was told that she had only 3-6 months to live with treatment. She was appalled and decided then that no one in her lifetime should be given this news – thus The Purple Iris Foundation was born to help raise awareness and support her fellow patients. Christina is proud to say that she is a 12-year survivor. Christina is living proof that there is hope.

**Purpose:** We have created a Cancer relief fund, in partnership with United Way of Eastern Maine for anyone in Maine impacted by cancer and has a need for assistance This was created in response to growing needs of individuals in Maine and the impact of Covid 19.

\*\*\*\*\***Based on need and first come basis**

**Reward:** One or more individuals selected from the pool of qualified applicants will be awarded a grant for financial assistance during 2021-2022.

**Qualifications:** Interested candidates must meet the following criteria to qualify for this grant:

- Proof of Cancer Diagnosis
- Income Verification for all adults living in the household including 3 most recent bank statements
- Maine Resident
- Must fill out this form completely
- Utility, Heating, cell phone, rent or mortgage bill that need assistance with
- One submission only
- Patient's income must fall below 200% of the Federal Poverty Guideline with consideration of the number in the household
- Maximum annual award level: \$500

**Full Name \***

Prefix      First Name      Last Name      Suffix

## Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

## Phone Number \*

## E-mail \*

example@example.com

## Date of Birth \*



Month Day Year

## Date of Diagnosis \*



Month Day Year

## How would the Eastern Maine Cancer Relief Fund help you meet an unmet financial need in 2021? \*

## What is your net monthly household income for all adults? \*

Take home amount after taxes

**Upload or Attach Proof of Cancer Diagnosis \***

Required for submission

**Cost of your monthly electric bill \***

**Cost of your monthly heating and cooling bill \***

**Cost of your monthly phone bill \***

**Do you require help with food? \***

**Cost of your monthly rent or mortgage bill \***

**Upload or Attach Household Bill You Need Assistance With \***

Required for submission

**How many people live in your home (including yourself)? \***

**List any other bills (loans, credit cards, medical copays, prescriptions, etc) \***

**List assets (atv, boat, vehicle, property, 401K, IRA, life insurance, etc.) \***

**I verify that all of the information entered on this form is truthful and accurate \***

yes

**Signature (Please type your name) \***

**Date Completed \***



Month   Day   Year

**Upload or Attach your 3 most recent bank statements with your name included \***

Required for submission