

Mission Myeloma, Inc.  
P.O. Box 103  
Kimberly, WI 54136  
MissionMyeloma.org  
grants@missionmyeloma.org  
501(c)(3) non-profit organization



Showing support to patients and their families affected by myeloma and funding research for a cure

## FINANCIAL GRANT APPLICATION

### *About the Applicant*

**NOTE:** Applicant **MUST** meet the following criteria to be eligible to apply for this financial grant:

- Have a multiple myeloma diagnosis, and
- Have a permanent Wisconsin address.

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**First Name**

**Last Name**

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**Address**

**City**

**State**

**Zip Code**

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**Phone Number**

**Email Address** (must be active)

**Date of Birth** (mm/dd/yyyy): \_\_\_\_\_

**Age** (at the time of application): \_\_\_\_\_

If applicant is younger than 18 years old, guardian's name: \_\_\_\_\_

**Has the applicant received a grant from Mission Myeloma, Inc. before?**  Yes  No

*If Yes, include the following details* → **Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Which medical facility/clinic/hospital is the applicant being treated at?** Provide all details below.

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**Name**

**Street**

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**City**

**State**

**Zip Code**

**County**

**Phone Number**

**Applicant's Myeloma Story**

When were you diagnosed? (month/year): \_\_\_\_\_ / \_\_\_\_\_

What is your current diagnosis? \_\_\_\_\_

Are you currently receiving treatment(s)?  Yes  No

If yes, specify:  Radiation  Chemotherapy  Other (specify) : \_\_\_\_\_

How long do you anticipate receiving treatments? \_\_\_\_\_

Share your story in your own words. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Information**

Are you currently employed?

Yes  No  Disabled  Retired

If Yes:  Part Time  
 Full Time

If No or Disabled: How long do you anticipate being out of work because of treatment(s)?  
\_\_\_\_\_

How many dependents do you have? \_\_\_\_\_

Household Monthly Expenses:

Is your significant other currently working?

Yes  No  Retired  Disabled  N/A

How many hours per week? \_\_\_\_\_

What is your monthly household income? \$ \_\_\_\_\_

Has your monthly household income decreased since you started treatments?  Yes  No

If Yes: By approximately how much?  
\$ \_\_\_\_\_

Description	Amount	Item	Amount
Mortgage / Rent	\$	Utilities + Phone + Cable	\$
Vehicle Expenses	\$	Medical Expenses <small>(exclude insurance premiums/co-pays)</small>	\$
Other Expenses	\$		
<b>Total Expenses</b> (add up all expenses)			\$

**Medical Insurance Information**

Do you currently have medical insurance?  Yes  No

Describe the insurance benefits, including deductibles, co-pays and/or co-insurance? \_\_\_\_\_

\_\_\_\_\_

**Mission Myeloma, Inc.**

How did you learn about Mission Myeloma? \_\_\_\_\_

In your opinion, how else could Mission Myeloma help multiple myeloma patients?

\_\_\_\_\_

**Additional Information:** Please share anything you'd like the *Mission Myeloma, Inc.* Board of Directors to consider when reviewing your grant application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Acknowledgement**

I certify the above information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Myeloma Medical Team Confirmation**

**We need to verify your diagnosis and treatment with your medical team. Attach a signed letter from a member of your medical team where you are currently receiving, or have recently undergone, myeloma treatment(s). (MUST be on official letterhead.)**

*Release of Medical Information Authorization:* I give the facility/clinic/hospital (listed on page 1) permission to release my medical diagnosis and treatment in the form of a letter to *Mission Myeloma, Inc.* solely for my application for financial assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Submitting the Application**

**Submit completed grant application and myeloma medical team confirmation, together, to the following:**

**Mail** Mission Myeloma, Inc.  
PO Box 103  
Kimberly, WI 54136

**NOTE: We will reject incomplete applications. Submit completed grant application and myeloma medical team confirmation, together, via mail.** A completed application does not guarantee the applicant will receive a financial grant. Applications will be reviewed by the *Mission Myeloma, Inc.* Board of Directors. You will be notified by email or phone call once a decision has been made.