## ROSEAU COUNTY CANCER FUND

## GRANT APPLICATION

To qualify for a grant from the Roseau County Cancer Fund, the applicant must currently be receiving medical care for cancer. Grant recipients may apply for a grant every 12 months, if still receiving care for cancer.

These grants are limited to patients residing in the LifeCare Service Area; Roseau County, Minnesota.

Applicant Information	
First Name:	
Last Name:	
Date of Application:	
Mailing Address:	
Phone Number:	
Email Address:	
Name of hospital/care center where medical care is received:	
Name of attending Physician:	
Type of cancer being treated:	
Have you previously received this grant from us?	
How did you hear about this grant opportunity?	
How will these grant funds be used?	
Signature of attending Physician:	
Signature of Applicant: By signing, I state the information above is accurate to the best of my knowledge. If applicant is under 18 years of age, please have the patient's parent or guardian sign this form.	

Upon completion, please mail this application to:

LifeCare Health Care Fund Attn: Tanya Semingson 715 Delmore Drive Roseau, MN 56751





