



ALEX CHO FOUNDATION GRANT APPLICATION

The Alex Cho Foundation (ACF) provides encouragement and support to individuals who are battling cancer and financial difficulties. For all of us who have been impacted by this disease, “we are family.” To do our part in caring for this family, ACF offers two types of support which we invite you to apply for below. Let’s walk this road together. For more information, please visit alexchofoundation.org or email us at contact@alexchofoundation.org.

ACF Financial Grant

ACF offers financial grants to those dealing with financial hardships in relation to a cancer diagnosis. Typical grants are one-time gifts that range from \$2,500-\$7,500. Beyond completing the application below, additional requirements include:

- You are an adult between the ages of 18-50
- You have a current cancer diagnosis and are undergoing treatment (if your initial application is accepted, a Medical Verification Form completed by your physician will be requested)
- You are a resident of the United States (proof of legal residency will be requested upon application acceptance)

ACF “Share Your Story” Video Project

Beyond financial assistance, ACF offers a unique, creative means of support, designed in particular to bring comfort to the families and friends of those battling cancer. Given the uncertainty the future holds for cancer patients, the “share your story” video project is a way for ACF to help create a beautiful and lasting visual gift, capturing whatever would be most meaningful for the patient to share with his or her family and friends. ACF will fund and provide full production support for the project, using high quality equipment and personnel, to ensure a video worth cherishing. Beyond completing the application below, additional requirements include:

- Make yourself available to schedule and meet with video project coordinator in order to be filmed and interviewed. (ACF will, of course, work around your needs, comfort, and schedule.)
- Sign a release form authorizing ACF to use the video, or portions thereof, in all forms of media for awareness, promotion, and fundraising for Alex Cho Foundation. (Sensitivity will be exercised so as not to disclose private or otherwise personal elements of a patient’s story without patient consent.)

APPLICATION

Once complete, please submit by e-mail as an attachment to contact@alexchofoundation.org

Name: _____

Address: _____

DOB: _____ Phone: _____

Email: _____

Cancer Diagnosis: _____

Date of Diagnosis: _____

Current Treatments: _____

Financial Situation: Please attach a written summary of your basic financial situation, if you are applying for the financial grant.

VIDEO RELEASE FORM (For those applying for the Video Project)

I, _____, hereby grant permission to Alex Cho Foundation, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be used by the Alex Cho Foundation at its discretion (with assurance that private details will not be publicly disclosed).

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in a presentation setting.

This release applies to photographic, audio or video recordings collected as part of the sessions of the Alex Cho Foundation video project.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization affiliated with the Alex Cho Foundation utilizing this material for awareness, promotion, and fundraising for the Alex Cho Foundation.

Signature: _____

Date: _____