Cedar Valley Cancer Committee – Beyond Pink TEAM
Beyond Pink Fund – Financial Assistance Application 2025

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____, Iowa Zip: _____ County: _____

Phone: _____ Date of Birth: _____ Age: _____

Email address: _____

Grants Expire One Year from Date Approved.

Race/Ethnicity (circle all that apply): Caucasian (non-Hispanic) Latina/Hispanic African American Asian
American Indian/Alaska Native Native Hawaiian/Pacific Islander Other _____

Health Insurance: None _____ Medicare _____ Medicaid _____ Primary Insurance _____
Insurance Carrier _____ Annual Deductible _____

Application Type: ____Active Treatment ____ Living w/ breast cancer _____ Metastatic

Information to be shared with Approval Committee:

Total Household Monthly Income (net income/after taxes) _____

# of people living in the home that are dependent on this income? _____

Is monthly income affected by new cancer diagnosis? If yes, Explain _____

Are you currently receiving treatment for breast cancer? YES/NO – type of treatment _____

Is this your first request this calendar year? YES/NO – date of previous request _____

***Services requested*:**

□ Compression Garments □ Post Surgical Bra/Breast Prosthesis □ Medical Bills/Pharmacy/Dr. Visits
□ Basic Living Expenses (groceries, utilities, rent, water, phone, etc.) □ Wig(s) □ Transportation/Gas
□ Other (please be specific) _____

Total $ Amount Requested: _____

Date Assistance needed (if applicable) _____

Statement of Need (why does this person need assistance – please be specific):_____
_____
_____
_____
_____

The Beyond Pink TEAM cannot accept out of state applications. Please do not apply if you live outside of Northeast Iowa.

Signature of Enroller: _____ Date: _____

Agency: _____ Phone: _____ Email _____

To begin approval process please mail or email application to BOTH of the contacts listed below:

Jeanne Olson, BPT Treasurer
1407 Asbury Lane
Waterloo, IA 50701
Email: jeanne.beyondpink@gmail.com
Phone: 319-239-3706

Angela Hamilton, Approval Committee
5408 Carey Drive
Cedar Falls, IA 50613
Email: anghamilton89@gmail.com
Phone: 319-231-3143