



First City Council on Cancer
FCCC P.O. Box 8832, Ketchikan, AK 99901 | Email firstcitycouncil@gmail.com

Applicant's Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

***Please note there are no income limits to apply for a FCCC grant. The following information is gathered for demographic purposes only.*

Do you qualify as a **low-to-moderate-income** family? No Yes

Does your family receive Medicare or Medicaid assistance? No Yes

Assistance Disbursement

First City Council on Cancer is a nonprofit organization created to help families dealing with the expenses of cancer treatment. Funding is possible through the generous contributions of friends, neighbors, and businesses. A onetime disbursement of **\$3,000.00** is available after you have completed and submitted this application with your receipts. For subsequent assistance, refer to page two. Receipt of application does not guarantee funding.

Provider Statement

Applicant Signature: _____ Date: _____

This statement serves as verification that the above-named applicant has a cancer diagnosis for a grant application.

Physician Signature: _____ Date: _____

Dx Code: _____

Clinic: _____

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