



**Jess Fin Foundation Grant Application
for Brain Cancer patients
in the Lehigh Valley**

The Jess Fin Foundation

The Jess Fin Foundation is a non-profit 501(c)3 organization established in 2022 in memory of Jess Finlayson, a 28-year-old Northampton teacher and coach, who lost her battle to a Glioblastoma in January 2021. The Jess Fin Grant was established for the purpose of providing a grant to someone residing in the Lehigh Valley who has been diagnosed with primary malignant brain cancer within the last 12 months. This grant is intended to help ease financial burdens and stressors and allow the patient and families to focus their efforts on treatment and caregiving.

At least one Grant will be awarded yearly (depending on the number of applicants there may be more than one Grant awarded in a calendar year).

Guidelines:

- Applicants must reside in the Lehigh Valley area of Pennsylvania regardless of where they are receiving treatment.
- Applications will be considered for cancer patients diagnosed with a primary malignant brain cancer within 12 months of applying and before, during and up to one year after treatment.
- Applicants must provide a letter from their treating physician providing verification of the applicant's diagnosis OR a pathology/medical report with the patient's name and date of birth confirming applicant's diagnosis.
- Applicants must apply by submitting this form to the Jess Fin Foundation via email or regular mail.
- The Jess Fin Grant will be a check made directly to patient only.

Patient Information (Please Print)

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

RACE/ETHNICITY: (this question is optional – should you choose to complete; answers will remain confidential)

_____ CAUCASIAN _____ AFRICAN AMERICAN _____ OTHER _____ HISPANIC _____

NATIVE AMERICAN _____ ASIAN _____ PACIFIC ISLANDER

REFERRED BY (how did you learn about this Grant?):

HOSPITAL/CANCER CENTER WHERE APPLICANT IS BEING TREATED:

TREATING PHYSICIAN'S NAME AND PHONE NUMBER:

Medical Information

CANCER DIAGNOSIS: _____

DATE OF DIAGNOSIS: ____/____/____ INITIAL DIAGNOSIS? ____Y____N

TYPE: _____

STAGE (if applicable): _____

SURGERY: _____ Date: ____/____/____

Are you undergoing treatment, if so, what type?

Please describe, briefly, your financial situation and how your cancer diagnosis has affected your family.
