



**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 either reside or be getting treatment in the Lehigh Valley area of Pennsylvania.
- Applications will be considered for cancer patients diagnosed with a primary malignant brain cancer.
- Applicants must apply within 12 months of initial diagnosis and before, during and for 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.
- A 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.**

Please describe how receiving the Jess Fin Grant would benefit you. If the grant applicant is cognitively unable to complete this task, we will gladly accept a paragraph from a family member on the applicant's behalf. Note: We will require that the application comes to us directly from the grant applicant.

I hereby certify, under penalty of perjury, that the information set forth on this application concerning my income, liabilities and insurance provider is true and accurate. Further, I have been diagnosed with cancer, I am undergoing treatment for, or I have recently undergone treatment for cancer. I understand that if any of the information set forth above is false, my application will be null and void. By signing below, I hereby grant and give permission for a representative of the Jess Fin Foundation to contact my physician(s) and/or medical team member(s) as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Send electronic application to:** JessFinFoundation@gmail.com

**Or mail a paper copy to:**

Jess Fin Foundation

P.O. Box 76, Old Zionsville, PA 18068