

**Parmer County Cancer Coalition
Community Assistance Program Application**

To qualify for assistance from the Parmer County Cancer Coalition, an applicant must be a resident of Parmer County for the last 90 days, provide verification of an active/current cancer diagnosis and be actively seeking treatment or hospice care. Applications will be considered yearly. \$500 per qualified applicant will be awarded, while funds permit.

(Please Print)

Last Name _____, First Name _____ MI _____

Street Address _____ Phone _____

City _____, TX Zip _____

Mailing address if different _____

City _____, TX Zip _____

I acknowledge that I have been diagnosed with cancer per the attached verification from a health care professional. I verify that have been a Parmer County resident for at least 90 days and am actively seeking treatment or hospice care.

Signature _____ Date _____

**Please mail completed form and verification to:
Parmer County Cancer Coalition
906 Euclid
Friona, TX 79035**