



# Sarcoma Warriors of the Upstate Funding Application

---

## RECIPIENT REQUIREMENTS

- All recipients must currently have or previously have had the diagnosis of sarcoma; funding for family members of patients with sarcomas will not be considered.
- The diagnosis of sarcoma must be confirmed by one or more of the following:
  - ✓ An official statement or letter of support from the applicant's treating physician
  - ✓ An official statement from the applicant's hospital of record
  - ✓ An official operative or pathology report that describes the sarcoma

(THE SARCOMA WARRIORS WOULD BE HAPPY TO ASSIST IN GATHERING THIS INFORMATION. PLEASE CONTACT US AT [INFO@SARCOMAWARRIORS.ORG](mailto:INFO@SARCOMAWARRIORS.ORG) IF YOU NEED ASSISTANCE.)

- All recipients must be a current resident of the low-country, midlands, or upstate of South Carolina.
- All requests must be made for expenses that are directly related to the diagnosis or treatment of the sarcoma or for late expenses that result from a recipient's treatment. Examples include:
  - ✓ Rent or mortgage assistance
  - ✓ Essential utility assistance
  - ✓ Prostheses and medical bills directly related to the sarcoma treatment
  - ✓ Enrollment fees for experimental treatment programs at any of the nation's leading research centers
- All requests must be accompanied by official documentation from the entity *to whom the expense is owed* showing the money owed and showing that the applicant is responsible for the bill
  - ✓ Awards will be disbursed directly to whom the debt is owed; money will not be given directly to the patient in question
- Questions of eligibility and maximum allowable awards should be directed to [info@sarcomawarriors.org](mailto:info@sarcomawarriors.org) prior to completing an application.
- Printable and web-based applications are available at [www.sarcomawarriors.org](http://www.sarcomawarriors.org).
- Applications will be reviewed as they are received.



# Sarcoma Warriors of the Upstate Funding Application

---

## **FUNDING RESTRICTIONS AND PRIORITIES**

- If presented with multiple requests and limited funds, priority will be given to applications on a first come, first serve basis.
- If presented with multiple requests and limited funds, priority will be given to patients currently receiving treatment.
- Applicants may apply in successive years. If Sarcoma Warriors is presented with multiple requests and limited funds, priority will be given to first-time applicants.
- If presented with multiple requests and limited funds, priority must be given to the applicant with the greatest financial need. Although not a part of the formal application process, the Board of Directors of the Sarcoma Warriors of the Upstate reserves the right to ask applicants for financial data to aid in the decision making process. All responses will be kept strictly confidential and available only to members of the Board that are directly involved with award decision-making.
- Eligible expenses include rent or mortgage assistance, medical and prosthetic bills related directly to the treatment of the sarcoma, and travel assistance related directly to the patient's treatment.
- Additional expenses can be considered at the discretion of the Board of Directors
- The maximum annual award is \$2,000 and this may be achieved in any combination of the following:
  - ✓ Prostheses support – Up to \$2,000
  - ✓ Utility bill assistance (time up to 3 months prior to application) – Up to \$500
  - ✓ Mortgage or rent assistance – Up to \$1000
  - ✓ Medical expenses (other than prosthesis) – Up to \$1000
- There is a limit of one award per applicant per year. The definition of a year is assumed to be January 1 – December 31. Applicants with persistent needs are encouraged to apply the following year but priority will be given to new applicants.



# Sarcoma Warriors of the Upstate Funding Application

---

## **TIMING AND MISCELLANEOUS**

- Applications will be accepted during a total of four (4) open enrollment periods throughout the course of the year.
  - ✓ January 1 through February 14
  - ✓ April 1 through May 15
  - ✓ July 1 through August 15
  - ✓ October 1 through November 15
- Awards will be dispersed during the interim time. Please keep the applicant's date of need in mind when submitting this application and allow sufficient time to determine a response and render any awards.
- Board members may be practicing physicians and therefore may be actively treating an applicant for support. There is no assumption that this represents a conflict of interest and neither the board member nor the applicant will be discouraged from participation.



# Sarcoma Warriors of the Upstate Funding Application

---

## PERSONAL INFORMATION (APPLICANT)

---

(Last) (First) (Middle Initial)

---

(Street) (City/State) (Zip Code)

---

(Home Phone) (Mobile Phone) (Alternate Phone)

---

(e-mail Address)

**IF THE INDIVIDUAL FILLING OUT THIS FORM IS DIFFERENT THAN THE APPLICANT,  
PLEASE COMPLETE THE FOLLOWING SECTION**

Not Applicable

---

(Last) (First) (Middle Initial)

---

(Relationship to Applicant)

---

(e-mail Address)

## MEDICAL INFORMATION

Please mark your type of sarcoma.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Osteosarcoma    | <input type="checkbox"/> Liposarcoma         | <input type="checkbox"/> Leiomyosarcoma           |
| <input type="checkbox"/> Chondrosarcoma  | <input type="checkbox"/> Rhabdomyosarcoma    | <input type="checkbox"/> Synovial sarcoma         |
| <input type="checkbox"/> Ewing's sarcoma | <input type="checkbox"/> Epithelioid sarcoma | <input type="checkbox"/> MPNST                    |
| <input type="checkbox"/> Fibrosarcoma    | <input type="checkbox"/> Angiosarcoma        | <input type="checkbox"/> MFH                      |
| <input type="checkbox"/> Adamantinoma    | <input type="checkbox"/> Hemangiopericytoma  | <input type="checkbox"/> Undifferentiated sarcoma |
| <input type="checkbox"/> Other:          | <hr/>  |   |



# Sarcoma Warriors of the Upstate Funding Application

---

Date when you were first diagnosed: \_\_\_\_\_

Hospital or Institution of Treatment:

- |                                 |                                |   |
|---------------------------------|--------------------------------|---|
| <input type="checkbox"/> GHS    | <input type="checkbox"/> MUSC  | <input type="checkbox"/> MD Anderson    |
| <input type="checkbox"/> Duke   | <input type="checkbox"/> Emory | <input type="checkbox"/> Charlotte/ CMC |
| <input type="checkbox"/> Other: | _____                          |   |

Treatment (mark all that apply):

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Surgery                 |
| <input type="checkbox"/> Radiation    | <input type="checkbox"/> Surgery with amputation |
| <input type="checkbox"/> Other:       | _____  |





# Sarcoma Warriors of the Upstate Funding Application

---

## DISCLAIMERS AND CERTIFICATIONS

I understand that this application, once returned, becomes property of Sarcoma Warriors of the Upstate. ***Submission of an application is considered to be an act of acceptance of the eligibility requirements.*** All of the information contained within this application will be kept confidential and be made available only to those Board Members involved in rendering award decisions.

I hereby understand that the information provided in this application, including the supplemental materials, is complete and correct to the best of my knowledge and I submit my application without reservation.

---

(Print Name)

(Signature)

(Date)

## FUTURE USE AND PUBLICATION CLAUSE

Award recipients will be asked to allow Sarcoma Warriors of the Upstate to use their name, their award, and the purpose of their award in future electronic or print publications for the purpose of promoting the organization and its cause in an effort to reach an increasingly larger audience. Your willingness to participate will not affect the decision by the board to grant an award. Agreement with the use of your name, award, and award history in this manner is conferred by signing here:

---

(Print Name)

(Signature)

(Date)



# Sarcoma Warriors of the Upstate Funding Application

---

**Please return completed applications to:**

Sarcoma Warriors of the Upstate

PO Box 24190

Greenville, SC 29616