



Scholarship Program

Even with insurance, cancer is costly. People with cancer and their families can be devastated physically, emotionally, mentally — and financially. The All About Me Cancer Program will provide grants to qualified cancer patients at Rochelle Community Hospital so they can better manage their road to recovery.

The All About Me Scholarship Program will help to improve patients' quality of life with valuable local resources and financial support. This scholarship offers a patient in need, **a one-time grant up to \$500 per year or as funds are available.**

Application for Assistance from All About Me

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Have you ever received assistance from this fund before? _____ Yes _____ No

Rochelle Community Hospital staff that is referring you for this grant _____

Please explain your crisis situation. (if you need more space, please continue on a separate sheet of paper)

What specific assistance do you need? (if you need more space, please continue on a separate sheet of paper)

Amount Requested \$_____

Please check any of the following below that you need assistance with and gift cards totaling your amount requested will be provided.

Transportation _____

Prescriptions _____

Wigs/Scarves _____

Prosthetics _____

Food/Meals _____

Please acknowledge the following:

1. _____ I understand that I must be in a "crisis" situation to receive funds.
2. _____ I understand that the committee from Rochelle Community Hospital and its Foundation determines that I need this money and that I may have my request denied.
3. _____ I understand that I must show proof that I am currently a Rochelle Community Hospital cancer patient or using Infusion services.

Applicant Signature

Date of Request

UPON COMPLETION, SUBMIT YOUR APPLICATION TO MICHELLE LAPAGE.

Rochelle Community Hospital Foundation
900 N. 2nd Street, Rochelle, IL 61068
815-561-3110 or mlapage@rcha.net