Scholarship Program

Even with insurance, cancer is costly. People with cancer and their families can be devastated physically, emotionally, mentally — and financially. The RCHF Community Cancer Scholarship will provide grants to qualified cancer patients in the Ogle County service area of Rochelle Community Hospital so they can better manage their road to recovery.

The RCHF Cancer Scholarship 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 and gift cards when applicable.**

Application for Cancer Assistance

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)

_____

_____

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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.

_____ _____

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