



Individual Request for financial aid

The Alaska men's run has a limited amount of funds designated for distribution to Alaska men with prostate and testicular cancer. Up to two \$500.00 grants may be requested per year.

Name _____

Mailing Address _____

Phone: Home _____ Work _____ Cell _____

Type of Cancer _____ Amount Requested: _____

Purpose of Funds _____

Referred by _____

Proof of Alaska Residency: Please attach copy of Alaska Drivers license or State ID

Relation (if any) to Alaska Men's Run board member _____

Completed form can be mailed to above address or email to prostataek@gmail.com All information is confidential and for Alaska Men's Run use only. The board will review this information and contact the person requesting financial assistance.

AMR USE ONLY

Date Received: _____ Date approved: _____ Amount \$ _____

Check # _____ Date mailed: _____



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