

# G.I.R.L. Friend Fund Request

Giving Individuals with Cancer Resources out of Love

## Eligibility

- Applicant must be in active treatment for cancer
- Applicant must have been diagnosed and/or treated at Indiana University Health Bloomington Hospital

Please fill out the application below and return to the Olcott Center.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of request: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Date of last Treatment: \_\_\_\_\_ Doctor: \_\_\_\_\_

Diagnosed at: \_\_\_\_\_ Treated at: \_\_\_\_\_

Type of Cancer: \_\_\_\_\_

## **Request**

Please state your need and your application will be considered.

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**Office Use: GIRL Friend Fund Client #** \_\_\_\_\_

Mail to: The Olcott Center  
602 W Second Street  
Bloomington IN, 47403

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Fax: (812) 353-5243  
Email: AEdwards-Skinner@bloomingtonhospital.org