

KIMBERLY FAILS JONES FOUNDATION

P. O. Box 3644

Huntsville, AL 35810

Application

Client's Name: _____

Address: _____

Phone/Cell: _____

Number of family members living in your household: _____

Total household income (Attach proof of income): _____

Place of employment: _____

Do you have a cancer insurance policy? Yes No

What type of coverage do you have? _____

What are your financial needs at this time, in regard to assistance?

Any other information you want to share:

Client's Signature: _____ Date _____

DO NOT WRITE BELOW THIS LINE

Foundation Committee Members' Signatures (2 Signatures Required)

_____ Date _____

_____ Date _____

Approved for: _____ Denied _____

Return completed form to the Kimberly Fails Jones Foundation, Attn: Application