



- ◇ The Havre Women's Golf Association Assistance Fund was created to provide assistance to individuals who reside on the Hi-Line who have an active Cancer Diagnosis.
- ◇ This fund is financed solely by the proceeds of the annual golf tournament. The total available assistance each year is limited by those totals.
- ◇ The assistance is available to be used however the individual sees fit.
- ◇ There is a \$500 maximum available per person per calendar year.
- ◇ In order to avoid duplication of funding sources, each case is reviewed individually.
- ◇ The application may be completed by the patient or by an immediate family member.



Northern Montana Health Care Foundation
PO Box 1231
Havre, MT 59501



Application

Havre Women's Golf Association Assistance Fund Application

Patient's full name _____ Age _____
Parent/Guardian/Applicant Names _____
Physical Address _____
Street Name _____ City _____ State _____ Zip Code _____
Mailing Address _____
Street/PO Box _____ City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell _____
Patient Employer _____ Work Phone _____
Parent/Guardian Employer _____ Work Phone _____
Nature of Illness _____

(Use additional sheet of paper if necessary)

Have you received assistance from this fund in the past Yes No
If so, provide date/s and amount/s received: _____

***Allocation of funds is administered
by the Northern Montana Health Care Foundation.***

Please attach written documentation from physician verifying your diagnosis.

I certify that the information provided is true and correct to the best of my knowledge and that I am not requesting financial assistance from any other organization at this time.

Signature of Patient, Parent, or Guardian: _____ Date: _____

Send Application to:

Havre Women's Golf Association Assistance Fund
c/o Northern Montana Health Care Foundation
PO Box 1231
Havre, MT 59501
Application and supporting documentation may
also be faxed in to (406) 262-1629.

FOUNDATION USE ONLY:

Approved by: _____
Calculators: _____
Amount: _____
Check No. _____ Date: _____