

## History

- Men Who Cook For Women Who Wine was an annual fundraising event held in Hingham, Montana that began in 2007.
- The idea behind the event was to have male chefs in the area showcase their culinary specialties and skills. People attending the event voted for their favorites.
- The event was started by a small group of people who wanted to help establish the Hi-Line Sletten Cancer Center in Havre, Montana. Over the years, the event had grown to include a multitude of dedicated volunteers and participants.
- When the Hi-Line Sletten Cancer Center was completed, the group decided to use proceeds from the annual event to help people in need of medical care for serious illnesses who do not have resources for travel and lodging expenses. Thus, A Serving of Hope From Men Who Cook was born.



- Initial assistance is limited to \$500.00 per applicant.
- The application may be completed by the patient or by an immediate family member.

Residents of Phillips, Blaine, Hill, Liberty, and the Big Sandy Census District of Chouteau Counties are eligible to apply for financial assistance from  
**A Serving of Hope  
From Men Who Cook.**



**A SERVING of HOPE**  
*From Men Who Cook*

- A Serving of Hope From Men Who Cook provides financial assistance to families in need who are experiencing a serious medical condition.
- Financial assistance is available for travel and lodging expenses for qualifying families who reside within the designated assistance area.
- 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.

## Serving of Hope Financial Assistance 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)

Funding requested for:  Travel  Lodging  Travel and Lodging

Travel to: \_\_\_\_\_ Dates: \_\_\_\_\_ Travel Method: \_\_\_\_\_

Lodging location (name and address of hotel/motel): \_\_\_\_\_

Have you received assistance from Serving of Hope 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 travel/lodging needs.**

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:

Serving of Hope from Men who Cook  
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: \_\_\_\_\_