



Tamika & Friends, Inc.

## **Tracey S. Hughes Head Gift of Giving Financial Assistance Application**

### **INTRODUCTION**

Tamika & Friends, Inc. is a national nonprofit 501(c) (3) organization designed to raise awareness about cervical cancer and its link to the human papillomavirus (HPV). Through a network of survivors and friends, we provide a forum to discuss the impact and recovery of cervical cancer and also provide informational resources, networking opportunities, and special events to further educate women across the nation.

When diagnosed with cervical cancer and going through many obstacles, Tamika came out victorious with her life. Yet she still yearned for one thing...the ability to have children. She was devastated to discover her insurance did not cover fertility preservation for an unmarried woman. Feeling the heartache of her friend, Tracey S. Hughes Head unselfishly gave Tamika a check to help with all of her expenses. When Tamika got back on her feet and wanted to pay Tracey back, Tracey refused to accept the money, thus the inception of this award. It is the desire of Tamika & Friends, Inc. (T&F) to pay it forward whenever we can.

### **INFORMATION**

Thank you for your interest in applying for the Tamika & Friends, Inc., *Gift of Giving*. This gift provides an opportunity for cervical cancer patients/survivors to receive financial assistance to aid them in paying bills, tending to personal needs, etc. Although all applications will be considered for funding from T&F, we are not currently able to provide funding for *all* requests.

Applications *will only* be considered for review if they are **completed in entirety**.

Please note that all funds will be paid to the third party designated on your application form, unless, at the sole discretion of T&F, a decision is made to pay the funds directly to you, the applicant.

It is the policy of Tamika & Friends, Inc., not to discriminate in its consideration of gift applications and in its awarding of funding, on the basis of race, color, religion, gender, national or ethnic origin, disability, or sexual preference.

**Please return your completed application to:**

**Tamika & Friends, Inc.**

**ATTN: Gift of Giving**

**P.O. Box 2942**

**Upper Marlboro, MD 20773**

**Or fax to: 240-823-6002**

If you have questions regarding the completion of this application, please direct them to Dr. DaNine J. Fleming, Program Director at [danine@tamikaandfriends.org](mailto:danine@tamikaandfriends.org)

*\*\*Tamika & Friends, Inc., reserves the right to contact you if further information is needed for consideration of your application for an award.\*\**



Tamika & Friends, Inc.

### **Confidentiality Statement**

Tamika & Friends, Inc. is committed to maintaining the confidentiality of the personal information and data that you provide to us. Tamika & Friends, Inc. understands and acknowledges that you have entrusted us to protect the confidentiality and security of all information and data.

Tamika & Friends, Inc., will not sell, or otherwise disseminate or make available to third parties the information and data that you provide, in whole or in part. Tamika & Friends, Inc. will restrict access to the information and data that you provide to those persons who will evaluate your information and data for purposes of determining your eligibility for, and making or renewing awards of, the financial and other assistance that Tamika & Friends, Inc. provides.

### **Application**

#### ***General Information:***

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Age at Diagnosis:** \_\_\_\_ **Age now?** \_\_\_\_ **Still undergoing treatment?** \_\_\_\_

#### **Gift Award Request:**

Depending on the need, I understand that if I am selected as a recipient of an award from Tamika & Friends, Inc., all funds will be distributed to the third-party payees that I have designated.

**Specific Gift Award Request** \_\_\_\_\_

**Specific Amount Requested** \_\_\_\_\_

**Payee Title (i.e. John Hopkins Hospital)** \_\_\_\_\_

**Payee Address** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Payee Phone Number** \_\_\_\_\_

**Please continue to page 2 for a few brief questions...**



Tamika & Friends, Inc.

**Please Answer the Following Questions**

1. Tell us about yourself and your experience with cancer. What is unique about your particular experience?
  
2. Describe **what** you are requesting funds for, how you specifically intend for these funds to be utilized, and the reasons for your request.
  
3. How will financial assistance from Tamika & Friends, Inc., enable you to move beyond cancer treatment and forward with your future goals?

**Agreement (Please indicate your agreement by checking the boxes below)**

*Please note that in order to receive a gift award from Tamika & Friends, Inc., you must agree upon receipt of your award to the following terms listed below. If you do not agree to participate in follow-up contact, you will be ineligible for grants from Tamika & Friends, Inc. Please also note that due to demand, you are only eligible to receive a one-time gift award. Once you have received a gift award from Tamika and Friends, Inc., you are no longer eligible to apply.*

- Must agree to a telephone assessment with a Survivor Representative of Tamika and Friends, Inc.
- Must agree to periodic follow-up contact with Tamika & Friends, Inc.

**The Optional Stuff (but we hope you'll consider it)**

- Yes, I will provide Tamika & Friends, Inc. with a quote and/or photograph for its website.
- I authorize Tamika & Friends, Inc. to publish my name, photograph (if made available) and include my information in publications, speeches, and other informational materials.

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

Signature: \_\_\_\_\_