



PO Box 338141  
Greeley, CO 80633  
www.luvadad.org  
Phone: 970.581.2830  
Email: luvadad@gmail.com

*Non-Profit Organization*

## Refer-a-Daddy Application Checklist

Luv-a-Dad provides financial assistance to fathers with cancer who have outstanding medical bills.

### Eligibility

The nominee must meet all of these requirements. By checking next to the eligibility requirements and signing below, I acknowledge that the nominee meets these eligibility requirements.

- Must be a father (defined as being the male guardian of one or more children age 18 or younger).
- Must be currently being treated for cancer or has been within the last three years.
- Must have outstanding medical bills due to cancer treatment.
- Must reside in Colorado

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Application Requirements

You may submit as much information as you like. The better we get to know you, the easier it is to select recipients. Below is a list of suggested information to present. Those marked "required" must be submitted in order to be considered for an award.

- Completed application - **REQUIRED**
- Personal Letter - **REQUIRED**  
Letter Topic: How did the nominee's battle with cancer affect the nominee and his family?
- Current medical/rehabilitation reports on nominee or letter from his doctor
- Handwritten letters or drawings from the nominee's children
- Letters from close friends or relatives

**If you have any questions, please call Luv-a-Dad at 970-581-2830 before submitting your application. We are more than happy to help you in any way. If you are missing any of the required documents, your application will be considered incomplete, and you may be disqualified.**

*Bringing Financial Assistance to Fathers with Cancer!*



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## **Tips for a Successful Application**

- If you have questions, contact Luv-a-Dad at 970-581-2830 or luvadad@gmail.org for clarification.
- Provide as much information as you can about yourself and the nominee. This will help Luv-a-Dad to get to know the nominee and his family. You may submit additional information at your discretion.
- Ask another person to proofread your application and other documents. It is important to have an outsider's perspective. Many people are shy about saying why the nominee deserves the financial aid, especially if the applicant is the nominee. A proofreader can help you boast. Plus they can help find silly grammatical errors in your personal letter and other application paperwork.
- There is no word limit (minimum or maximum) for the personal letter. The more information you provide, the better Luv-a-Dad will know the nominee and his situation. The personal letter should describe how the nominee's battle with cancer affected the nominee and his family.
- You may submit your application by mail addressed to Luv-a-Dad, PO Box 338141, Greeley, CO 80633 or via email (luvadad@gmail.com) as PDF files.
- You may leave anything on the application blank if you do not know the information. This will not disqualify the applicant.

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Luv-a-Dad

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## Refer-a-Daddy Application

### Applicant's Information

1. First Name

2. Middle Initial

3. Last Name

4. Mailing Address

5. City

State

Zip

6. Home phone number

Cell phone number

7. E-mail address

8. Relation to Nominee

9. How did you learn about Luv-a-Dad? You may select more than one

- Luv-a-Dad Fundraiser: Which one? \_\_\_\_\_
- Web: Which search engine? \_\_\_\_\_
- Newspaper: Which one? \_\_\_\_\_
- Doctor: Name \_\_\_\_\_
- Other: Please Specify \_\_\_\_\_



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### Nominee's Information

1. First Name		
2. Middle Initial		
3. Last Name		
4. Mailing Address		
5. City	State	Zip
6. Home phone number		Cell phone number
7. E-mail address		
8. Date diagnosed with cancer		
9. Is the nominee still being treated for cancer?		
10. Type of Cancer diagnosed with		
11. Estimated (Exact amount not necessary) out-of-pocket cost of cancer treatment so far. This includes cost of hospital stays, doctor visits, prescriptions, chemotherapy/radiation treatment, ect.		
12. Is nominee currently working?  If <b>yes</b> , please provide  - Employer name/Company Name  - Job Title  - Average hours worked per week		

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