



The ProCure Cancer Foundation Proof of Acceptance

In order to qualify for a grant from the ProCure Cancer Foundation, an applicant must show that they have been accepted for treatment at one of the existing proton radiation therapy facilities in the United States. The candidate must have this form completed by an authorized person (examples of an “authorized person” include, but are not limited to, a proton radiation therapy facility’s social worker, intake manager, or financial coordinator) at the proton radiation therapy center where they are about to begin or are currently being treated. Before returning this form to us, the applicant should make sure that they (or a guardian if the applicant is under the age 21) have signed the bottom.

Section to be completed by authorized person

I _____ (first and last name) in my capacity as a _____ (title) at _____ (name of proton radiation therapy facility) certify that _____ (applicant first and last name) is currently undergoing or is about to begin proton radiation therapy treatments. The applicant has or will begin treatment on _____ (date) and is scheduled to conclude treatment on _____ (date).

Signature of Authorized Person (date)

Name of Authorized Person (please print)

Address

Phone number

Section to be completed by grant applicant

I certify that the above information is correct and that I am receiving or about to undergo proton radiation therapy treatments at the facility listed above. I also consent to allow a representative from the ProCure Cancer Foundation to contact the authorized person at the facility at which I am receiving proton therapy treatments in order to verify my eligibility.

Patient Signature
(or Guardian if the applicant is under the age 21)