



Date Received by GT:

Geaux Teal Ovarian Cancer Awareness Financial Grant and Aid Application

Please print and mail application to the following address. Applications will not be accepted via email.

*Geaux Teal
Attn: Grant Committee
PO Box 82778
Baton Rouge, Louisiana 70884*

Today's date: _____

Applicant's Full Legal Name:

Applicant's Date of Birth:

Address (City, State, Zip):

Gynecological Oncology Diagnosis and stage, if known:

Date of Diagnosis (Month & Year): _____

Current status (circle one): Newly diagnosed Active Treatment Recurrence Hospice eligible

Primary GYN Oncologist:

GYN Oncologist Address:

Requesting financial assistance for (Check all that apply):

Travel for Surgery

Cancer related medicine & or equipment

Extended Inpatient/Outpatient recovery

Non-medical expenses

Treatment Dates:

Hospital/Treatment Facility:

Prescribed Medications:

Current Pharmacy (Name and Full physical address):



Equipment Description:

Parent/Guardian Name #1 (If Applicable):

Parent/Guardian Address:

Parent/Guardian Phone Number:

Parent/Guardian Email:

Parent/Guardian Name #2 (If Applicable):

Parent/Guardian Address:

Parent/Guardian Phone Number:

Parent/Guardian Email:

If the Geaux Teal Grant is approved, name of individual to whom check should be made payable:

Mailing Address for Check (Address, City, State, Zip):

Has the Applicant applied for financial aid from Geaux Teal before?

Name and relationship of person completing his application:

Healthcare provider (Circle one): MD RN SW

Name: _____

Signature: _____

Please print and mail application to the following address. Applications will not be accepted via email.

*Geaux Teal
Attn: Grant Committee
PO Box 87228
Baton Rouge, Louisiana 70884*

