



Preliminary Donee Application Form

Revised March 2020

Mail to:
P.O. Box 1062
Wylie, TX 75098

or Email to:
donee@1uponcancer.org

Please read the document in its entirety before filling it out.

APPLICATION FAQ:

- We operate in the gaming and streaming communities and those are the communities we directly serve. We assist gamers, streamers and their immediate families who are 18 years old and older.
 - This does not mean that people who are not in the gaming and streaming communities cannot apply, we will vet each applicant and decide the best course for our awards.
- Our application acceptance windows are the following months:
 - Q1: January
 - Q2: April
 - Q3: July
 - Q4: October
- Some sections in the application are **required** and are marked with **RED STAR ***.
- If you are mailing your application, mail needs to be postmarked before the end of the window month.
- If you apply outside of the window month the application will be held to the following window.
- If you apply by mail and wish us to reply via mail, please enclose a self-addressed stamped envelope.
- You can reapply each quarter. There are currently no application limits in place.
- We recommend you to submit items such as pictures, a story about your cancer journey and a story about your favorite gaming or streaming memory.
- **Do NOT send any bills with this application. We will let you know if you've been accepted.**
- **Please continue to pay your outstanding bills while waiting for our determination.**

ASSISTANCE AWARD FAQ:

- Award amounts are confidential. Do not share this amount publicly.
- Awards are **only** for outstanding medical debt due to your cancer diagnosis. We do not reimburse already paid debt, cost of living expenses, transportation or any other non-related expenses.
- Award amounts are **not** given to applicants directly. We pay outstanding bills on the applicant's behalf.
- Bills must be submitted to us within 30 days of notification of award.
- Bill payments are based on the amount submitted on the bill. If we negotiate a lower payoff quote we will mark the full amount against your award. This helps us stretch money further to help others.
- Applicants need to be living at the time of award.

WAYS TO CONTACT US:

- Phone: (469) 464-9865
- Fax: (469) 278-5434
- Email: <http://1uponcancer.org/contact>
- Twitter: <https://twitter.com/1uponcancer>
- Facebook: <https://facebook.com/1uponcancer>
- Instagram: <https://instagram.com/1uponcancer>

WAYS TO HELP 1UPONCANCER SUCCEED:

Since we are a 501(c)(3) nonprofit we have to rely on the community to help fundraise for 1UpOnCancer; this is how we are able to assist those needing help with their cancer treatment bills. We ask you to share our message via social media so people are aware of our nonprofit.

We are always looking for broadcasters, streamers and gamers to help us share our message and fundraise! If you are interested in helping us, please visit our fundraising portal at: <http://www.team1up.org>



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DO NOT WRITE IN THE SHADED AREAS OF THIS APPLICATION

CASE # C	MATRIX SCORE	APPLICATION STATUS	AWARD
Q1 Q2 Q3 Q4 YEAR 20			

SECTION 1: APPLICANT INFORMATION

THIS SECTION IS REQUIRED TO BE COMPLETED IN ITS ENTIRETY *

TODAY'S DATE	PHONE NUMBER	PHONE NUMBER TYPE Main Cell Other	PREFERRED METHOD OF CONTACT Email Phone Text
FIRST NAME	MIDDLE NAME	LAST NAME	
DATE OF BIRTH	YOU THE HEAD OF THE HOUSEHOLD? Yes No	EMAIL ADDRESS	
STREET ADDRESS (NO P.O BOXES)	APT / SUITE #	CITY	STATE / ZIP CODE

SECTION 2: HOUSEHOLD DEMOGRAPHICS

THIS SECTION IS REQUIRED TO BE COMPLETED IN ITS ENTIRETY *

MARITAL STATUS Single Married Divorced Widowed	# OF CHILDREN UNDER 18 IN YOUR HOUSEHOLD? 0 1 2 3 4 5+	ARE YOU A U.S. CITIZEN? Yes No	
PRIMARY CANCER DIAGNOSIS	DIAGNOSIS DATE	YOU HAVE HEALTH INSURANCE? Yes No	AMOUNT OF CANCER DEBT
ARE YOU CURRENTLY EMPLOYED? Full-Time Part-Time No	ARE YOU UNABLE TO WORK A FULL-TIME SCHEDULE BECAUSE OF YOUR CANCER DIAGNOSIS? Yes No	LAST YEAR'S HOUSEHOLD INCOME	

SECTION 3: COMMUNITY AWARENESS

SKIP TO SECTION 4 IF YOU OR YOUR IMMEDIATE FAMILY ARE NOT GAMERS OR STREAMERS

YOU / FAMILY MEMBER A GAMER? Yes No	GAME YOU / THEY ARE CURRENTLY PLAYING?	YOUR / THEIR FAVORITE GAME?
YOU / FAMILY MEMBER A STREAMER? Yes No	IF YOU / FAMILY MEMBER ARE A STREAMER, WHAT IS THE URL?	
YOU GAME WITH FAMILY / OTHERS? Yes No	GAMES YOU PLAY TOGETHER?	



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SECTION 4: CONSENT FOR SHARING

PLEASE CHECK THE SELECTIONS BELOW YOU'RE **NOT** COMFORTABLE WITH US SHARING PUBLICLY.

- FIRST NAME
- LAST NAME
- PICTURE(S)
- CITY
- STATE
- CANCER DIAGNOSIS
- STORY INFO
- ALL INFO IN SECTION 3
- DO NOT SHARE ANY INFO

Your anonymity is very important to us. Allowing us to share your story helps us in our fundraising efforts. We will abide by any wishes you have about your story, pictures, name, location, identity and likeness.

SECTION 5: CHECKLIST

CHECK EACH PIECE YOU ARE SUPPLYING IN THIS APPLICATION, ITEMS IN RED ARE REQUIRED.

- SECTION 1: APPLICATION *
- SECTION 2: HOUSEHOLD DEMOGRAPHICS *
- SECTION 3: COMMUNITY AWARENESS
- DOCTOR'S NOTE ABOUT CANCER DIAGNOSIS
- PICTURE(S)
- STORY: FAVORITE GAMING OR STREAMING MEMORY
- STORY: CANCER JOURNEY
- LAST YEAR'S TAX RETURN, SOCIAL SECURITY, WELFARE, PROOF OF GOVERNMENT ASSISTANCE *
 - BLACK OUT ANY SOCIAL SECURITY NUMBERS VISIBLE IN ANY OF THESE FORMS
- OTHER ITEMS NOT LISTED ABOVE: _____

SECTION 6: CERTIFICATION AND SIGNATURE

By signing below I certify the following:

- I have read the entire application and I have given 1UpOnCancer true, correct and complete information.
- I understand that if the information given is incorrect or incomplete, I will be disqualified for assistance.
- I understand that filling out this form does not automatically guarantee me assistance with my cancer bills.

Full Legal Printed Name of the Applicant

Full Legal Signature of the Applicant

Date (mm/dd/yyyy)