Internal use
Application #_____

Date Processed:_____

Lowell Community Wellness

Inspiring and educating the Greater Lowell Community to attain a healthier lifestyle

Pink Arrow Family Support Program

It is the purpose of the Pink Arrow Family Support program to provide a financial gift as a way of showing support to those who are experiencing cancer. This gift is not based on financial need; it is simply a sign of support from the Lowell Community. When the monies in this fund have been depleted, no further requests can be considered.

Requirements and Policies

- The family lives in the Lowell Area School District and has a member of the household who is currently experiencing cancer.

OR

- The individual who has cancer is an alum of Lowell Area Schools and has family currently living in the Lowell Area School District.
- The family/individual is eligible for this gift once each calendar year (for a total of three times) as long as the cancer continues or continued expense results from the cancer experience.
- A representative from Lowell Community Wellness will contact the applicant via phone to determine the most appropriate distribution of available funds. All information is held in confidence. (Funds are not available to pay for medical expenses.)

Application

_____

Head of household/contact person

_____ _____

Name of person on the cancer journey | Number of children | Number of adults in household

_____

Address | City | State | Zip

_____ _____ _____

Phone number | Alternative phone number | Date of Application

_____

Signature of applicant (*by signing this application I agree to have a contact person follow-up by phone)*

Mail this application to:
Lowell Community Wellness
PO 246
Lowell, Michigan 49331

Lowell Community Wellness and its programs are generously funded by the Pink Arrow Project & Lowell Area Community Fund.