



# Lowell Community Wellness

## Pink Arrow Family Support Program

### Requirements and Policies

- The individual/family shall reside within the Lowell Area School District and have a member of the household who is currently experiencing an active stage of cancer.
- When the monies in this fund have been depleted, no further requests can be considered.
- Lowell Community Wellness will make the final determination for the use of these funds.
- Funds are not available to pay for medical expenses.

A representative from Lowell Community Wellness will contact the applicant via phone, confidentially, to determine the most appropriate distribution of available funds.

### Application

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Head of household/contact person

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Name of person with active cancer

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Number of children

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Number of adults in household

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Address

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City

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State

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Zip

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Phone number

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Alternative phone number

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

Lowell Community Wellness and its programs are generously funded by the Lowell Area Community Fund.