

## Application/Nomination Form

In 2013, Cathy Moore, an ovarian cancer survivor, established the Moore Life to Live Fund to benefit gynecologic cancer patients and the CanSurvive GYN Cancer Support Group. The net proceeds of the annual Moore Life to Live golf tournament will be placed in this fund and then distributed to recipients.

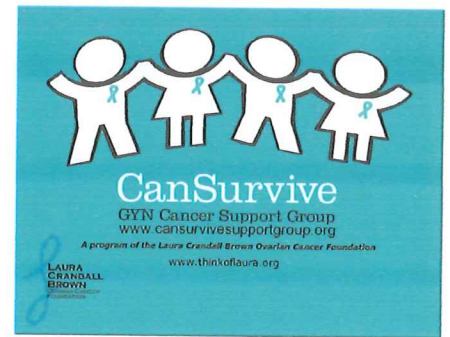
A cancer diagnosis can lead to many unexpected expenses and put further stress on a patient and her loved ones during a difficult time. It is Cathy's hope to help lighten that load for patients.

If you would like to apply or know of someone who you would like to nominate, please see the qualifications and application below.

**Qualifications** — To be a recipient of the Moore Life to Live Fund, you must be currently or within 6 months of receiving treatment for a gynecologic cancer diagnosis.

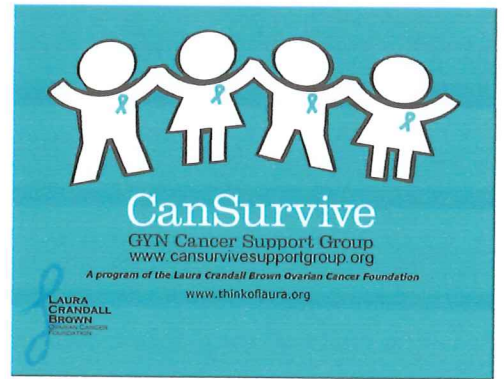
**Selection Process** — A committee will select recipients from submitted applications/nominations. This committee will be comprised of medical professionals, patients and caregivers. The selection committee may contact your physician to verify your treatment status.

**Honoring of Recipients** — Recipients will be honored at the golf tournament. The amount presented will be determined by the proceeds from the tournament after expenses. This amount will not be known until after the tournament.



Please complete the following questions for our committee to determine if you or your nominee meets the qualifications and what needs you or the nominee are currently experiencing. Please email application to [cansurvivebham@gmail.com](mailto:cansurvivebham@gmail.com) or mail to: CanSurvive GYN Cancer Support Group 100 Canyon Park Circle, Ste. C, Pelham, AL 35124. All applicants must include a short bio and picture (preferably a headshot) with the application. **The nomination deadline is Friday, March 20, 2015.**

1. Please print your full name, address, contact number and date of birth.  
\_\_\_\_\_  
\_\_\_\_\_
2. Please list what name you prefer to be called. \_\_\_\_\_
3. Please list your type and stage (if known) of cancer. \_\_\_\_\_
4. Please list your physician(s) and contact number. \_\_\_\_\_  
\_\_\_\_\_
5. Are you a member of any gyn cancer group? If so, please list.  
\_\_\_\_\_
6. Do you currently have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are you currently working? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Are you receiving disability because of your illness? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you have any other financial assistance other than listed above? If so please list here: \_\_\_\_\_
10. Please list family status (M, S, D, W) and number of children and their ages.  
\_\_\_\_\_
11. Do you have a primary caregiver? Who and what relationship are they to you (spouse, family member, friend, etc.)?  
\_\_\_\_\_
12. Are you currently enrolled in home health care or hospice care?  
Yes \_\_\_\_\_ No \_\_\_\_\_



13. What need or needs do you have that are a struggle to meet or are going unmet? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Have you, your friends, or family members participated in any other charitable events for gyn cancer? If so, please list.

\_\_\_\_\_

15. Is there any additional information you feel our committee should be aware of for your application/nomination? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HIPAA STATEMENT / RELEASE**

I understand that by signing this release, I give my permission to the Moore Life to Live Fund Selection Committee or the Laura Crandall Brown Ovarian Cancer Foundation officers to contact my physician &/or staff about my diagnosis and treatment status; and to my physician &/or staff to provide this information to the Moore Life to Live Fund Selection Committee or Laura Crandall Brown OCF officers.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date