



Spring 2017 Gifting Program Nomination Form

Please complete and submit this application/nomination form for the \$2,500 Gift Program to Hats for Hope **by May 31st, 2017**. You may submit it for yourself or nominate someone.

The awards will be made in **July, 2017**.

Qualifications for Nominees:

- Must live within Northern Santa Barbara County and San Luis Obispo County BETWEEN Paso Robles and Santa Ynez Valley
- Must be currently in cancer treatment
- Finalists will be required to submit oncologist's verification at a later date
- Nominees may not have received a gift award from Hats for Hope previously

Nominee:

Name: _____ Age: _____

Diagnosis: _____ Date of Diagnosis: _____

Treatment Plan: _____

Oncologist's Name (print): _____

Oncologist's Name **Signature**: _____

Other family members/friends living in the home: _____

Mailing Address: _____

Phone: _____ Email: _____

Nominator:

Name of Nominator: _____

Mailing Address: _____

E-mail address: _____

Phone: _____

Relationship to Nominee: _____

Please answer the following questions about yourself or your nominee and include it with nomination form. It is very important that detailed information be provided by the nominator on behalf of an individual or by the nominee if you are submitting the nomination on your own behalf. Please do not send binders or large items. Nomination materials remain confidential with Hats for Hope and will not be returned.

1. List the agencies that have or are currently assisting you or your nominee during this treatment process.
2. Explain why you or your nominee deserves and in need of this \$2,500 gift from Hats for Hope. **Your response is limited to 500 words.**

The completed nomination form may be emailed to info@hatsforhope.com

or

Or mailed to Hats for Hope, P.O. Box 139, Arroyo Grande, CA 93421.

Questions? Please contact Diane Martino at 805.448.6081 or info@hatsforhope.com