

 ALK Positive Lung Cancer (UK)

 Grant Application Form

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| Name of applicant |  |
| Address |  |
| Telephone |  |
| email |  |
| Are you the patient? Y/N. If not, patient’s name. |  |
| If not, what is your relationship to the patient? |  |
| Please explain the financial hardship. |
|  |
| How much are you applying for? |
|  |
| What would the grant be used for? |
|  |

Please return the completed form to ceo@alkpositive.org.uk or post to

ALK Positive UK, 1 Ethley Drive, Raglan, Monmouthshire, NP15 2FD