A blue and white logo

AI-generated content may be incorrect.

ALK Positive Lung Cancer (UK)

Grant Application Form

|  |  |  |
| --- | --- | --- |
| 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](mailto:ceo@alkpositive.org.uk) or post to

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