

Andrea Grace
Soter-Simonson



Memorial Foundation

APPLICATION FORM
Serving Residents of Ventura County Since 2008

Name: _____
Last First Middle

Address: _____

City State ZIP

Home Phone: _____ Work Phone: _____

e-mail: _____ Cell Phone: _____

Marital Status (Circle One): Married Single Divorced Widowed Unmarried Partnered

Do You Have Dependents? _____ List Ages: _____

Statement of Need: _____

(If More Room is Needed Please Continue on Back)

Do You Have Health Insurance? _____ Please Describe: _____

Who Referred You to the Foundation? _____ Phone Number: _____

Please Provide Medical Information:

Doctor or Clinic: _____ Phone Number: _____

Have You Applied For or Will You Be Receiving Assistance From Any Other Source (ie. grants, financial aid, medical aid, etc.)?

_____ If Yes Please Describe: _____

You Are Hereby Authorized to Contact the Referral and Doctor/Medical Clinic For Confirmation of Need:

Signature of Applicant

Date

THE ANDREA GRACE SOTER SIMONSON MEMORIAL FOUNDATION IS ESTABLISHED TO HONOR ANDREA BY PROVIDING FINANCIAL ASSISTANCE, SUPPORT AND CONNECTION TO RESOURCES AND ENCOURAGEMENT, IN A CHRISTIAN CONTEXT, TO FAMILIES CHALLENGED BY CANCER.

Supporting Families Challenged by Cancer

1746-F South Victoria Ave. #245
Ventura, California 93003

www.agssmemorialfoundation.org

info@agssmemorialfoundation.org

The Andrea Grace Soter-Simonson Memorial Foundation is a 501 (c) (3) public foundation
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