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**Julie A. Bryant Foundation  
 Beneficiary Application**

*The Julie A. Bryant Foundation was created to bridge the gap between insurance coverage and the very real financial burdens caused by the day-to-day lifestyle necessities of dealing with brain cancer and its effects.*

If you are nominating someone other than yourself, please complete the following:

Nominator's Name \_\_\_\_\_ Relationship to Nominee \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
 Would you like to remain anonymous?     Yes     No

Nominee's Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Diagnosis \_\_\_\_\_ Diagnosis \_\_\_\_\_

Please describe the medical/hardship history, explaining how the Foundation might aid the prospective beneficiary:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the nominee received financial aid from a government, organization or fundraising group?     Yes     No

If yes, please explain: \_\_\_\_\_

I verify that the above information is accurate \_\_\_\_\_  
(Print name)

The Julie A. Bryant Foundation is a private non-profit that provides assistance to individuals and/or families affected by brain cancer, based on demonstrated need. Nominees should reside in Allegheny or Butler County. Please understand that while the Foundation would like to help every nominee, it doesn't have the funds to do so. If your application is selected for consideration, the nominee will be contacted for additional information.

**Self-nominations only:** By signing this application, I give the Julie A. Bryant Foundation permission to verify my credit report, criminal history and financial status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please mail or email the completed application to the Foundation. Thank you for your interest in the Julie A. Bryant Foundation.*