

**KELLY SCHREIBEIS
MEMORIAL FOUNDATION**

P. O. Box 6786
Sheridan, Wyoming 82801
(307) 752-9831

Dear Applicant,

On behalf of the Kelly Schreibeis Memorial foundation, we would like to offer you our most sincere words of support and concern for you. It is the hope of everyone at the Kelly Schreibeis Memorial Foundation to do what we can to help you at this challenging time. Had Kelly survived we know she would have helped others in the same situation, so we have undertaken to do that on her behalf.

In filling out the application form please keep the following in mind:

1. Please complete the application form with proper documentation of your condition, and copies of bills requiring payment. (In the case of rent, a note from your landlord will be sufficient.)
2. Please include a signed copy of the medical release and the doctor's signed form along with the completed application.
3. To receive funding you must be a Sheridan County (Wyoming) resident and have been diagnosed with breast cancer and be undergoing treatment for the condition at the time of the application.
4. To insure that our donors wishes are fulfilled, and to avoid the appearance of providing you taxable income, the Foundation prefers that payments be made directly to your creditors. However, grants of less that \$600.00 can be given directly to you, the applicant - but only with proper documentation. (i.e. Copies of previous bills that have been paid while in treatment.)
5. Grants at this time will be up to a maximum of \$1,000.00.
6. Applicants may qualify for additional funding in six months from the date of first grant providing treatment for breast cancer is still on-going.

Completed application form, medical releases and copies of documentation can be mailed to our attention and sent to the following address:

PO Box 6786, Sheridan, WY 82801, or you may call 307-752-9831

Kindest Regards,
KSMF Board Members