



Bringing joy to cancer patients in treatment, cancer survivors, and their families during the Holiday Season!

APPLICATION PROCESS GUIDELINES: Must complete all areas (*).

- Recipients must be US citizen residing in Nassau County or Suffolk County, New York and exhibit significant obstacles and hardship due to cancer diagnosis.
- Recipients must have a child/children living in the same household under the age of 18.
- Recipients must be in treatment or have received treatment during the grant year.

Nomination Application must be completed and received by November 21st. Recipients will be notified by Dec. 1st and gifts will be delivered to the designated location by Dec.15th

Recipient Information:

*FIRST & LAST NAME: _____ D.O.B. _____

HOME ADDRESS: (STREET OPTIONAL) _____ CITY _____ STATE NY ZIP _____

*US CITIZEN YES OR NO phone: (OPTIONAL) _____ EMAIL: (OPTIONAL) _____

* Is it ok to contact recipient directly? Y or N Phone: _____

MALE/FEMALE MARITAL STATUS: _____

*NUMBER OF CHILDREN AT HOME: _____ AGES (M/F): _____

*DIAGNOSIS: _____ TYPE OF CANCER: _____

AGE AT DIAGNOSIS: _____ TREATMENT DATES: _____

*TREATING HOSPITAL: _____

*Which Holiday does the family celebrate?

*NOMINATOR: _____ RELATIONSHIP: _____ PHONE: _____

*Please provided a street address for gift delivery _____.

***PROVIDE ATTACH THE WISH LIST FOR: RECIPIENT, SPOUSE & CHILDREN ONLY**

Stepping Stone Support is a 501 (c)3 nonprofit organization dedicated to helping men and women affected by cancer and infertility. Mail Application to: SSS at PO Box 1014, Eastport, NY 11941 Or email SurvivorsHelper@gmail.com

www.steppingstonesupport.org

Survivor's Little Helper Wish List

(Please indicate ADULT or YOUTH Sizes)

Survivor	Coat	Size	Color	Boots/Hats/Gloves/Scarf	Boot Size/Color	Hobby/ Sport/ Gaming System/ Music/ Theme	Toys
Spouse	Y/N						
Child	Y/N						
Child	Y/N						
Child	Y/N						
Child	Y/N						
Child	Y/N						
Food Allergies							
Additional Requests							