

**DeSoto Hope Community Cancer Support**  
**2024 Grant Application for Travel**

Date: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: MS Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Date first diagnosed with cancer: \_\_\_\_\_  
Type of Cancer: \_\_\_\_\_ Is this cancer a recurrence? \_\_\_\_\_  
Date of recurrence \_\_\_\_\_  
Name of Local Oncologist: \_\_\_\_\_  
Local Oncologist's Phone Number: \_\_\_\_\_  
When will you be traveling? \_\_\_\_\_  
Location Traveling To: \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
Appointment Date: \_\_\_\_\_

DeSoto Hope Travel Grants cannot accept applications from people living outside of DeSoto County. If approved, we give a one time \$500 grant to cancer patients wanting to travel outside of the mid-south for a second opinion or treatment. Please know that we will need verification of an appointment before the grant will be given.

To begin approval process please email application to: Tracy Gallagher Email: [desotohope@gmail.com](mailto:desotohope@gmail.com) Phone: (901) 857-4258

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

For Office Use:  
Date Board Approved: \_\_\_\_\_ Check No: \_\_\_\_\_ Date Mailed: \_\_\_\_\_