**2019 MBC Travel Assistance Application**

Thanks to a grant from Pfizer, need-based financial assistance is available to individuals living with metastatic breast cancer, to cover the cost of transportation and/or lodging to attend Komen Oregon & SW Washington metastatic breast cancer education events. Assistance will be awarded on a first-come, first-served basis, and priority will be given to individuals who have not received prior assistance through a travel grant, and individuals travelling the furthest distance.

To apply for financial assistance:

1. Complete the form on page 2 of this document
2. For mileage reimbursement, include your home address
3. Send completed application to Cindy Fletcher at [cfletcher@komenoregon.org](mailto:cfletcher@komenoregon.org).

Funding parameters:

* Lodging and mileage will be reimbursed at the IRS Standard Reimbursement Rate.
  + Up to $184 for lodging, if the event is in Portland
  + $0.54 per mile for transportation, up to $100 total.
* Applicants may apply for financial assistance more than once, if attending multiple events (Breast Cancer Issues Conference, various MBC Dinner Series events, Northwest Metastatic Breast Cancer Conference, etc)
* Applicants will be notified within 7 days of receipt of the application.
* Reimbursement checks will be mailed within two weeks of the event, or two weeks after Komen receives the lodging/accommodation receipt.

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Return to:

Cindy Fletcher  
email: [cfletcher@komenoregon.org](mailto:cfletcher@komenoregon.org)   
Fax: 505-552-9161  
mail: Susan G. Komen Oregon & SW Washington c/o MBC Travel Assistance

1500 SW 1st Ave, suite 270 \* Portland, OR 97201

Name:

Phone: Email:

Address:

Name and date of event that you are requesting assistance for:

My current diagnosis is stage IV breast cancer: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

I am requesting financial assistance for lodging: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

* A receipt for lodging is required, if travelling for MBC events other than the Komen Breast Cancer Issues Conference.

I am requesting financial assistance, of up to $100, for mileage reimbursement and have included my home address:

Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

I acknowledge that submitting this application does not guarantee funding.

Signature Date