



MouseAbout Foundation

Rules and Application

About the MouseAbout Foundation:

The MouseAbout Foundation was created in honor of Eileen (Mouse) Costello, who passed away from cancer. In 2005 the Cle Elum community got together to help one of their own, Eileen (Mouse) Costello, who was experiencing financial hardship while suffering from cancer. Proceeds from a softball tournament, food and clothing sales, a silent auction, and cash donations were all given to "Mouse" to help ease her financial burdens. Before she passed, she asked that the MouseAbout Fundraiser be continued to financially help a local person suffering from cancer.

In order to be considered as a recipient of the annual MouseAbout fundraising event, the applicant must be currently diagnosed with cancer or a recent cancer survivor (diagnosed within the past five years). The purpose of this charity is to provide financial assistance and hope to individuals who are facing difficult financial obligations due to medical bills or lack of employment income arising directly from their cancer diagnosis.

The MouseAbout Foundation understands that while cancer truly impacts so much of a person's life, and the lives of their family and loved ones, the monetary effects are one of the few things that can be fought with community help, generosity and giving. The goal of this charity is to assist cancer victims by helping to alleviate some of the financial burden.

Eligibility:

An applicant must:

- Be 18 years of age or older, or, you must have a legal guardian complete and sign this application on your behalf.
- Be currently diagnosed with cancer or be in remission/recovery from a cancer diagnosis within the last five years;
- Be a US citizen or permanent resident of the US (priority will be given to applicants who reside or receive on-going treatment in Washington State and more specifically, Kittitas County);
- Complete this Application;
- Agree to the media release terms and conditions; and
- Not be related or otherwise have any relationship with a member, officer, director, agent, employee or subcontractor of MouseAbout Foundation that would give rise to a conflict of interest for the Board or its members

The Mouse About Foundation is a 501(c)3 tax exempt organization whose mission is to help minimize the financial burden associated with a cancer diagnosis for patients & survivors so that they can focus on recovery & quality of life. **The business address is 11809 N Atlantic St., Spokane, Washington, 99218. The MouseAbout Foundation** is registered with Washington State's Charities Program as required by law and additional information is available by calling 800-332-4483 or visiting www.sos.wa.gov/charities.

Important 2023 Dates:

Phase	Date
Begin accepting applications	March 1, 2023
Postmark deadline for completed application	May 31, 2023
Notification of decision	July 1, 2023
Date of 2023 Fundraiser Game	Aug. 12-13, 2023

Application Rules (no exceptions):

- Incomplete applications will NOT be considered.
- If any document or application signature is missing, the application will NOT be considered.
- The application must be signed by the applicant ONLY. Social workers, family members or third-party signatures will NOT be considered. A valid Power of Attorney (POA) may sign on behalf of an agent with the proper POA paperwork submitted setting forth the name of the attorney in fact and all other legal requirements completed.
- Financial Assistance is distributed after the annual fundraiser softball game is held.
- The amount of assistance given for a single year is discretionary with the Board of the MouseAbout Foundation and is determined in assistance with the accountant of the MouseAbout Foundation. The MouseAbout Foundation prohibits and strictly enforces federal and state discrimination laws in determining the amount of assistance awarded.
- Applicants who are not chosen for assistance may reapply again if the applicant continues to meet all eligibility criteria.
- Applications must be submitted via mail for the 2023 calendar year. **We cannot accept applications via email due to HIPPA rules.** Our goal is to allow for online submissions through a secure website in the future. The address to submit applications is:

MouseAbout Foundation

Attn: Review Board
11809 N. Atlantic St.
Spokane, WA 99218

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Application

Applicant's Personal Information and Contact:

Name of Applicant:_____ Date of Application:_____

Address (mailing):_____ Phone:_____

Email:_____ Date of Birth:_____

Currently Employed? Yes_____ No_____ Employment:_____

Current average monthly household income (optional): _____

Have you received assistance from any other organizations in the last 12 months? Yes___ No___

If yes, what is the total amount received? _____

Name of organization:_____

Applicant's Medical Information and Disclosure

By completing the following section, I, _____, acknowledge and agree that I am voluntarily disclosing my personal medical information to the MouseAbout Foundation. I further acknowledge and agree that should I be chosen as a recipient, the following medical information and my name (as well as cancer story) may be shared on social media internet sites, media publications, and/or any other public forums.

Dated:_____ Signature:_____

Name (Printed):_____

I, _____, also acknowledge that I have received a copy of the MouseAbout Foundation Privacy Policy and information, I have reviewed and understand the information contained therein and I agree to disclose the following private medical and personal information to the MouseAbout Foundation voluntarily and with my informed consent. I further understand that should I be chosen as a recipient, my private information may be disclosed by the MouseAbout Foundation to third parties, online, media and the public in general pursuant to the Privacy Policy.

Date of Diagnosis:_____ Type of Cancer:_____

My Story (you may attach additional pages, if necessary): _____

Certifications and Agreement of Applicant:

_____ I certify that the information provided in this application and any documents provided in support of this application are true and accurate to the best of my knowledge and I declare under penalty of perjury that the foregoing is true and correct.

_____ I understand and agree that by submitting this application, I am authorizing the MouseAbout Foundation to collect private medical and personal information from me. I received a copy of the Privacy Policy and agree to be bound by its terms.

Dated: _____ Signature: _____

Name (Printed): _____

For MouseAbout Foundation:

This application was postmarked: _____

This application was received: _____

Signature

Name (Printed)