



# Breast Cancer Screening Application for Financial Assistance

*The mission of Auburn Tri Kappa Pink Out is educate and call to action the DeKalb County community of the crucial importance of early breast cancer detection.*

## Committee Members

Tina Leavell  
Melissa Eshbach  
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## Helpful Links

<https://www.dekalbhealth.com/>  
<http://stmartinshealthcare.org/>  
<https://www.heradvantage.com/>  
<http://www.francinesfriends.org/>  
<http://www.cancer.org/>  
<http://cancer-services.org/>  
<http://imermanangels.org/>

## Contact Us

[www.trikappaauburn.org](http://www.trikappaauburn.org)

Auburn Tri Kappa  
P.O. Box 445  
Auburn, In 46706

Email:  
[auburnalphapi@trikappa.org](mailto:auburnalphapi@trikappa.org)

*The Auburn Tri Kappa Pink Out fund was established to assist DeKalb County residents with expenses involved with breast cancer screenings and / or treatment.*

Auburn Chapter of Tri Kappa is a philanthropic group that supports individualized projects within our community in areas of charity, culture, and education.

### Requirements:

1. Fill out application
2. Medical letter of diagnosis and/or medical progress report from physician's office.
3. Driver's License or picture ID or copy of utility bill to match applicants name and address to verify DeKalb County resident.
4. Bill or estimate from health care provider, after insurance credits have been applied.
5. Submit application to DeKalb County Community Foundation P.O. Box 111 Auburn, Indiana 46706.

Anticipated or Actual Date of Service: \_\_\_\_\_

Treatment or Service to be Funded: \_\_\_\_\_

Other Therapy or Treatment Details: \_\_\_\_\_  
\_\_\_\_\_

Applicant Name (please print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Hospital or Service Provider: \_\_\_\_\_

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

*Please fill out the following only if you have been diagnosed with Breast Cancer:*

Date Diagnosed: \_\_\_\_\_ Stage/Grade: \_\_\_\_\_  
Lumpectomy Date: \_\_\_\_\_ Mastectomy Date: \_\_\_\_\_  
Reconstruction Date: \_\_\_\_\_ Chemotherapy Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_ Radiation Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Type:  In-Situ  Invasive Ductal  Carcinoma  Inflammatory  
 Recurrent/Metastasis  Paget's