Nancy B. Clemente Cancer Fund
With Courage We Thrive

Our Mission

To support integrated education and wellness programs to help individuals, families and healthcare providers navigate cancer and sponsor related care initiatives while encouraging all to experience life as a Thriver.

Application for Rehabilitation Services Assistance Program

All information provided will be confidential

Date of Request _____

Name of Applicant: _____

Department _____

Position _____

Supervisor's Name _____ Phone Number _____

Personal Address: _____
_____
_____

Contact Information: Phone: _____
email:_____

Request of fund allocation. Please include brief patient history, current needs and justification of financial need.

_____

_____

_____

_____

_____

return to:

Nancy B. Clemente Cancer Fund
c/o Samaritan Hospital & The Eddy Foundation
310 South Manning Blvd
Albany, New York 12208
or FAX to: 518-482-4593
or Email to: cheryl.rankey@sphp.com

PART THREE: OFFICE USE

Approval: ____ yes ____no Date of disbursement: _____

ATTACH: INVOICES / PROOF OF PAYMENT