



## 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.

### St. Peter's Health Partners Employee Application for 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 is for : \_\_\_\_\_ Continuing Education  
\_\_\_\_\_ Oncology Co-Pay Reimbursement

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**return to:**

**Nancy B. Clemente Cancer Fund (SPHP Employee Assistance Program)**  
**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](mailto:cheryl.rankey@sphp.com)

**PART THREE: OFFICE USE**

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Approval: \_\_\_\_\_ yes \_\_\_\_\_ no      Date of disbursement: \_\_\_\_\_

ATTACH: INVOICES / PROOF OF PAYMENT