

# Oncology financial support program (PSFC)



Quebec Cancer Foundation

Always There to Care

## Application form

### 1. General Information

#### INFORMATION REGARDING THE ORGANIZATION

Organization's name, address and telephone number.

#### INFORMATION REGARDING THE PROJECT LEADER

Project leader's last name, first name, title, e-mail address and telephone number.

#### TYPE OF PROJECT

- Psychological support program
- Education, prevention and screening program
- Physical well-being program
- Financial and/or legal assistance program
- Youth program (ages 15 to 39)
- Lodging assistance program, near a treatment center
- Other\*



\*Please specify.

**PLEASE SEND THIS FORM TO [CANCERQUEBEC.MTL@FQC.QC.CA](mailto:CANCERQUEBEC.MTL@FQC.QC.CA)**

Quebec Cancer Foundation - Headquarters - 2075, De Champlain Street, Montreal (Quebec) H2L 2T1  
514-527-2194 | Toll-free: 1-877-336-4443

## 2. Description

### DESCRIPTION OF THE PROJECT

Describe the project for which funding is being requested.

### PROJECT OBJECTIVE(S)

Specify the project's measurable objective(s), in conjunction with the funding request.

### EXPECTED RESULTS

Describe the expected results of the project.

### EVALUATION OF THE PROJECT

Specify the criteria that would be considered to measure the project's impact.

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