



In September, 2014, Raneé Gonzalez was diagnosed with breast cancer. She is our mother, sister, aunt, daughter, grandmother and friend. This news came as a shock as she had no risk factors. In an effort to bring our community together to support this cause our family decided to bring back a youth basketball tournament.

Playing for Hope Foundation and Youth Basketball Tournament was started up by our family in hopes of creating more awareness for those in their fight against breast cancer. We never imagined the kind of support we would receive from our community.

Our mission is to help those who truly need it throughout Wyoming; and now moving into Colorado and Montana. Through tournament entry fees, concessions and donations we have been able to start distributing funds to families who are currently battling cancer.

If you or a loved one is in this situation, please contact us for an application.

Be looking for the next Playing for Hope Youth Basketball Tournament coming in January, 2017.

Faith, Hope and Basketball

Playing for Hope
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Worland, Wyoming 82401

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Rosa Gonzalez, Fund Coordinator
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FOR OFFICE USE ONLY
Amount & Form:
Approved By & Date:

An incomplete form will delay and hinder processing of this request

Name: First, Middle, Last	Date of Birth
Address	City, State, Zip
Home Phone	Cell Phone
Number of People Living in Household	Ages and Relationship of People Living in Household
From what other agencies have you received assistance?	
Have you received a Playing for Hope grant before: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many and total amount?	
Please describe the hardship situation your cancer treatment has put you in and the specific non-medical needs for which you are requesting assistance (use the back of this sheet if needed).	

x Patient Signature: _____ Date: _____

This section **MUST** be completed by: primary physician, oncology nurse, social worker or patient coordinator

Date of Diagnosis	Primary Cancer	Current Stage	New Diagnosis or Recurrence

Oncologist: _____ Hospital/Clinic: _____ Is patient in active treatment: ☐ Yes ☐ No
If not in active treatment, frequency of follow-up: ☐ Yearly ☐ Every 6 Months ☐ Other: _____

Please indicate type of treatment(s) received in the past 6 months (check all that apply):
☐ Chemotherapy ☐ Radiation ☐ Surgery ☐ Hormonal ☐ Bone Marrow/Stem Cell Transplant
☐ Palliative Care

Notes & Recommendation from primary physician, oncology nurse, social worker or patient coordinator

x Medical Professional Signature: _____ Date: _____

*Upon approval by Playing for Hope each applicant may receive a maximum of three hundred dollars (\$300.00) within a twelve-month period, measured from the date of the distribution. A recipient may apply for additional funds one year after the original date of approval by Playing for Hope as long as cancer treatment is continuing.