MOCA Dream Award Application

We all have dreams...

• Planning a family reunion or memorable vacation...
• Celebrating a special occasion with family or friends...
• Fulfilling a personal passion by taking a class or learning a skill...
• Expanding your family through fertility treatment or adoption...

MOCA can assist ovarian cancer survivors through the MOCA Dream Awards program. Thanks to funding provided by an anonymous donor, MOCA has a special fund to support the dreams of women diagnosed with ovarian cancer.

**MOCA Dream Awards are designed to be used by the survivor to...**

• Help her on her healing journey
• Strengthen her connection to her family or community
• Help her do something that she might not be able to do without a MOCA Dream Award

MOCA will provide Dream Awards at two levels:

• Awards up to $5,000
• Awards up to $1,000

**Application Timeline:**

• Application deadline for MOCA Dream Awards: **Wednesday September 30th, 2020.**
• Recipients will be notified in late October/early November.
WHO IS ELIGIBLE FOR A MOCA DREAM AWARD?

Any woman diagnosed with ovarian cancer living in Minnesota (or living in a surrounding state but receiving treatment in Minnesota) is eligible to apply for a MOCA Dream Award.

However, preference will be given to women currently in active treatment for ovarian cancer, with the exception of women applying for funding to help support expanding their family (IVF or adoption).

All dreams will be considered, but please note categories excluded for a MOCA Dream Award include: cosmetic surgery, medical or legal expenses (except those involved with expanding a survivor’s family), bills or health insurance and home improvements.

Women who have previously won a MOCA Dream Award are ineligible for another award.

Women must be able to use their MOCA Dream Award funds by September 1, 2021.
MOCA Dream Awards Application

Please type out answers to the following questions.

Please email completed application to Stefanie Gliniany at sgliniany@mnovarian.org

Name of MOCA Dream Award applicant: ________________________________

History of Ovarian Cancer:

Date of Diagnosis: ________________________________________________

Age at Diagnosis: ______________________________________________

Stage: __________________________________________________________

Treating Health Care Provider(s): _________________________________
(Award recipients will need to provide verification of diagnosis from doctor’s office.)

Current Status: _________________________________________________

What is the dream you would like funded? (200 words or less)
________________________________________________________________

What do you need to make your dream come true?
Please be specific about the amount of the award requested and what it will be used for. If family members or friends will benefit along with you, please denote their relationship to you. (200 words or less)
________________________________________________________________

When would you like to use this award?
________________________________________________________________

Specific Amount of MOCA Dream Award Fund requested: $______________

Survivor information:
Name: ___________________________________________________________
Address: _________________________________________________________
City, State & Zip: ________________________________________________
Phone number: __________________________________________________
Email address: _______________________________ 

Signature of Applicant: __________________________ Date: ______________

If you are applying on behalf of a survivor, please fill out your information below.
Applicant’s Information (if different from the survivor):
Name: ____________________________________________
Address: __________________________________________
City, State & Zip: ______________________________________
Phone number: ______________________________________
Email address: ______________________________________
Signature of Applicant: __________________________ Date: ______________

MOCA Dream Award applications are due by Wednesday, September 30, 2020.

Please email completed application to Stefanie Gliniany at sgliniany@mnovarian.org.
Or if unable to email, send to:
Minnesota Ovarian Cancer Alliance, 4604 Chicago Ave. South, Minneapolis, MN 55407

For more information contact MOCA at (612) 822-0500 or visit us at www.mnovarian.org