

**Who We Are:** The Kyle Charvat Foundation, formed in 2006, is named after a courageous young man who, at age 19, was diagnosed with brain cancer. Kyle was a student on the Annual Dean's List at the University of Washington and was a new member of Theta Chi Fraternity when this devastating diagnosis came. Refusing to succumb to a terminal prognosis, Kyle dove into treatment with the same good humor and charisma that he had exhibited throughout his life. When conventional treatments failed, he pressed forward and found a clinical trial he was eligible for, but the treatment was not funded and was not located in his home state of Washington. Kyle's family reached out to their community for help. His fraternity brothers, the gentlemen of Theta Chi, answered the call--raising \$100,000 for his treatment. Through the cutting edge "experimental" treatment, Kyle was able to enjoy many months of high-quality life—much longer than any of his doctors thought possible. Each of his additional days were precious.

**Why We Are:** When Kyle was sick his family, friends, and his fraternity brothers discovered the "no man's land" of being a college student with a life-threatening illness. Obtaining medical insurance can be a challenge for this age group, unless 18 – 25 year olds are students and can get insurance under their parents' policies. Once they are sick and cannot remain a student, they are caught in a terrible "Catch 22" – too sick to have insurance precisely when they need it since they are too sick to be a student. These young men and women are in desperate need of funds and the Kyle Charvat Foundation was formed to capture the enthusiasm for philanthropy that developed as a result of Kyle's navigation through the maze of the health care system.

You can read more about Kyle's story at [www.kcfund.org](http://www.kcfund.org).

**What We Do:** We understand that not everyone has a fraternity, family, or community to help when this unthinkable situation occurs. If you or someone you care about is suffering from a brain tumor and has a financial need, we may be able to help. Anyone in the age group of 18 – 25 years old that has been diagnosed with any form of malignant, life-threatening cancer can apply with the attached (very short) application form. Funding may be applied to treatment, medications, travel, home-care, and just about any medical need.

**How To Apply:** Simply fill out the attached form, it is brief by design (we know what you are going through), and we may have questions for you or for your doctor.

**How Long Does It Take:** We commit to reviewing your application within 48 hours, and should have an answer for you quickly (typically no more than a week). We know, first hand, that you do not have a lot of time or energy to waste. We want to help!

The Kyle Charvat Foundation provides funding to help young adults who are battling brain cancer. Distributions are made to help cover medical costs, medication, insurance bills, home-care, equipment and many other related needs.

**The following are criteria to apply for distributions from the Foundation:**

- Current age between 18 & 25 years old
- Diagnosed with any form of malignant, life-threatening cancer
- Brief confirmation letter from physician (please see form letter)
- In need of financial resources to help cover costs related to disease

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Contact Phone \_\_\_\_\_ Preferred Contact Email \_\_\_\_\_

Amount Requested \_\_\_\_\_ Needed For \_\_\_\_\_

Facility where Treatments are Administered \_\_\_\_\_ Primary Oncologist or Neurologist \_\_\_\_\_

Diagnosis:

Comments (optional):

**If you are filling out this application on behalf of the intended recipient, please provide your name and contact information below:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\* Please submit your application via fax to 206.274.4807 or scan and email to [apply@kcfund.org](mailto:apply@kcfund.org) \*\***

Application

# Physician's Letter

Physician's Form Letter:

**Date:**

**The Kyle Charvat Foundation  
Disbursement Committee Chairpersons  
815 First Avenue, Suite 140  
Seattle, Washington 98104**

**Dear Sir or Madam,**

This letter is to confirm that \_\_\_\_\_ (name of patient), age \_\_\_\_\_, is currently undergoing treatment for cancer. It is my professional opinion that this malignant cancer is life-threatening and I hereby verify the need for further treatment.

I am \_\_\_\_\_'s (patient's name) doctor for \_\_\_\_\_ (doctor's specialty).

Sincerely,

Name:

Email:

Phone: