



PERSONAL FUNDING APPLICATION

(Please indicate which fund you are applying for below)

Breast Cancer Fund Cancer Fund Diabetic Fund Donation Account
 M.S. Fund Nelson Fund Other _____

Name: _____ Date: _____

Spouse: _____

Dependents: _____

Address: _____

Telephone: _____
Cell Phone: _____

Date of Birth _____

Emergency Contact: _____

Description of Situation/Need/Diagnosis (please attach supporting documentation including income verification for NELSON FUND ONLY)

The Elof & Theo Nelson fund (Nelson Fund) was established by Esther Nelson in 2009, with the intention to provide support and/or services to sustain elderly or palliative individuals in their home who have been verified as needing financial support

Amount of funds Requested: _____ For Purpose of: _____

What other programs/services/funding sources (INCLUDING PONOKA FCSS's) have you applied for to assist with your situation? (i.e. previously accessed Breast Cancer fund, Home Care etc.)

Application Information Received by _____

INITIAL GRANT APPLICATIONS ARE NOT TO EXCEED \$500.00

IF ADDITIONAL SUPPORT IS REQUESTED A FINANCIAL AND/OR MEDICAL REVIEW OF THE APPLICANT MAY BE REQUIRED. IF A THIRD APPLICATION IS MADE WITHIN THE SAME CALENDAR YEAR, IT WILL BE BROUGHT FORTH TO THE PONOKA FCSS BOARD OF DIRECTORS.

APPLICATION APPROVED BY FCSS STAFF: _____
