



## **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: \_\_\_\_\_  
\_\_\_\_\_