



PERSONAL FUNDING APPLICATION

(Please indicate which fund you are applying for below)

M.S. Fund Breast Cancer Fund Donation Fund Cancer Fund Diabetic Fund

Name: _____ Date: _____

Spouse: _____

Dependents: _____

Address: _____

Telephone: _____

Cell Phone: _____

Date of Birth _____

Emergency Contact:

Description of Situation/Need/Diagnosis (please attached supporting documentation)

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 REQUESTED. FCSS DONATION ACCOUNT GUIDING PRINCIPLES APPLY.

APPLICATION APPROVED BY FCSS STAFF: _____
