

**ROTARY CHILDREN'S COMMITTEE – ACKNOWLEDGEMENT/RELEASE**

Thank you for your recent letter to Rotary requesting assistance. To help us make the most appropriate and beneficial decision on your behalf, please complete the following application and return it to us at your earliest convenience c/o

ROTARY CLUB OF NORTH BAY  
ATTN: CHILDREN'S COMMITTEE  
BOX 242,  
NORTH BAY, ON, P1B 2H2

Should you need to speak directly with someone regarding the completion of this application detail, please contact the following Rotarian:

Rotarian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Note: In order to properly assess the information you submit, we may need to directly contact you or any of the care givers you identify. Please sign the release, where indicated below, authorizing the individuals and / or organizations to release / discuss information with us on your behalf relevant to your application for assistance.

**RELEASE**

I hereby authorize individuals and / or organizations contacted by the Children's Committee of the Rotary Club of North Bay on our behalf, to freely and fully provide any information relevant to our application for assistance. I understand that all information will be kept completely confidential by Rotary.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Applicant's Name )

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

**ROTARY CHILDREN'S COMMITTEE - FUNDING APPLICATION**

(PLEASE PRINT WHEN COMPLETING THE FOLLOWING)

**IDENTIFICATION NUMBER (application #):** \_\_\_\_ - \_\_\_\_ (number – year)

- 1. Date of Application: \_\_\_\_\_
- 2. Contact person & relationship to applicant: \_\_\_\_\_
- 3. Name in full of Applicant (Intended Recipient): \_\_\_\_\_
- 4. Address (street/apt, city, postal code) \_\_\_\_\_
- 5. Telephone number (home/work if appropriate): \_\_\_\_\_
- 6. Age: \_\_\_\_ Diagnosis: \_\_\_\_\_
- 7. Have you applied to Rotary in the past for assistance? If yes, what was the result \_\_\_\_

8. What is the funding needed for and how will it benefit the recipient: (attach other info as appropriate):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What organization, if any, (and who) assessed the applicant and made the recommendation for this treatment or funding: (attach other info as appropriate)

\_\_\_\_\_  
\_\_\_\_\_

10. Did you apply for funding from other organizations and/or individuals? If yes, please list below?

Organization/Individual Name	Specific Request Made	Request Result/Status
A _____	_____	_____
B _____	_____	_____
C _____	_____	_____
D _____	_____	_____
E _____	_____	_____

11. What is the total estimated cost involved: (attach quotes as appropriate)\$\_\_\_\_\_

12. What amount of this project are you (your family) able to contribute? \$\_\_\_\_\_

13. How long do you anticipate needing/using this equipment? \_\_\_\_\_

14. If appropriate, are you prepared to “re-cycle” or otherwise make available for re-use by others the proceeds of this project if it is no longer of benefit to you? \_\_\_\_\_

15. Is there a lawsuit pending \_\_\_\_\_, if yes, upon obtaining funds from the legal proceeding, would you be willing to reimburse The Rotary Club? \_\_\_\_\_

16. Is there any other information that you can share with us that might be helpful in considering your application for assistance with this project? (attach as appropriate)

17. Do you agree to the release of information/promotion of your project to the media if Rotary is able to support your request? (YES/NO/)\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU! – PLEASE MAIL TO ROTARY, BOX 242, North Bay, ON, P1B 2H2**