



**Rotary Club of Squamish
"Rotary Cares Fund"**

APPLICATION for FUNDS

Date of Application: _____

1. Physician's Name & Telephone Number:

2. Name of Person Requesting the Funds:

3. Name & Telephone Number of Contact Person:

**4. Description of Medical Condition necessitating the Application for Funds:
(To be completed by Physician)**

5. Description of what the Funds will be used for:

6. Please explain the reason for financial assistance, the amount required, and if any other agencies have been approached to help with the funding, in particular – BC Medical Plan:

7. Provide any other pertinent information which may help to assess the application:

Additional information may be attached to this application form. Please email your completed applications to glenmceachran@gmail.com

Financial Information
Application for funds
Linda Carney Fund

Household Annual Income:

Wages/Salary _____
Company Pension _____
Other Pension? _____
CPP _____
OAS _____
Insurance _____
ANY other income _____
Total Income _____

Expenses: All that apply

Rent _____
Home Taxes _____
Home Payment _____
District Utilities _____
Heat _____
Electricity _____
Car payment _____
Car Insurance _____
Car Fuel _____
Car repair, est. _____
Bus fare/taxi _____
Groceries _____ include food, cleaners, all drinks, tobacco, household
supplies,
Prescriptions _____
Medical expenses _____ anything not covered be Medical Services Plan, such as
Dental, Physio, etc.
Any other _____
Total Expenses _____

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