Criteria for Rotary Family Fund

The Family fund was originally developed to assist a Rotarian or family member with severe medical issues.

The 50/50 fund was to be split between the person drawing the Ace of spades and the Family fund.

We had agreed that a minimum of$ 25.00 per meeting was to be directed to each.

It was agreed that the Family fund be topped at $ 10,000.

The recipient must be a Rotarian or immediate dependant.

The application form must be filled out completely

Funds must be needed to assist with a serious medical problem. Can not be used for regular medical visits

-funds may be used for accommodation, travel, paying bills, food, special medication. Cannibus is not included

The amount of assistance should consider the amount of hardship created in the present and future

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APPLICATION FOR ASSISTANCE FROM THE FAMILY FUND

1. Person receiving funds must be an active Rotarian (member of The Rotary Club of The Pas) or an immediate dependant of the Rotarian (spouse, son, or daughter)
2. Consideration may be given to a past Rotarian
3. The application form must be filled out completely by the applicant or Executive
4. Funds must be needed to assist with a serious medical problem.
5. Funds may be used for accommodation, travel, paying bills, food and special medication
6. The amount of assistance should consider the amount of hardship created in the present and future

PERSON APPLYING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON NEEDING ASSISTANCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of problem\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further Assistance requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other sources of assistance \_\_Check with Norman Regional Health as to assistance available and recommended accommodation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach financial figures showing approximate expenses depicting the need for assistance

Indicate the level of confidentiality requested (The Club President and the members of the Committee for the Family fund will be the minimum)

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The application should be given to the Club President or Chair of the Committee for the Family Fund

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The signature authorizes the Committee to investigate as necessary.