



Directions:

- Complete application in full below
- Sign application
- Attach a copy of your quote or invoice (as applicable)
- Send Love For Lewiston Foundation the completed application by one of the two methods below:
- Email: hello@loveforlewiston.ca
- Mail: PO Box 68141 (Crowfoot), Calgary, AB, T3G 3N8.

APPLICATION FOR FUNDING

Applicant's Last Name: _____ First Name: _____

Mailing address: _____ City: _____ Postal Code: _____

Street address if different from above: _____

Phone: _____ Cell: _____ e-mail: _____

Marital Status: _____ Gender: _____ Date of birth (M/D/Y): _____

Please explain how your diagnosis affects your need for the equipment being requested:

Contact person (if other than applicant):

Name: _____ Phone: _____

Relationship to applicant: parent, spouse, child, sibling, interpreter:

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Address: _____ City: _____ Postal Code: _____

Have you applied to the Love for Lewiston Foundation before? _____

If yes, result:

Transportation: _____

Drive own vehicle: ____ Relative/Friend: ____ Specialized transportation: ____ Public transportation ____

Accommodation:

I live alone ____ with others ____

I rent ____ I own ____

Type of dwelling (ie: apartment, assisted living, bungalow): _____

Provider of Personal Care/Support:

Family ____ Home Care ____ Assisted Living ____ Private ____ None ____

Other _____

What equipment are you requesting? (We can only consider one funding request at a time)

Type of equipment: _____ Make: _____ Model: _____

What equipment are you presently using?

Please describe how you expect the requested equipment to impact your life (community involvement, volunteering etc). What benefits do you expect to obtain from it? Please attach a letter if more space is required.

In order to raise funds for your request, do you agree to use of your first name and any information you provided on this application form (except financial) in funding letters or publicity if your application is approved?

Yes ____ No ____

Can we contact you or your family members to volunteer for fundraising events in your community?

Yes ____ No ____

Would you provide us with a letter explaining how the equipment we provided has impacted your life and a picture of you with the equipment, if your application is successful?

Yes ____ No ____

Release of Information:

I voluntarily give consent to the board members of the Love for Lewiston Foundation to discuss my situation and or use my first name for funding as it relates to my application, with any professionals involved including any possible funding sources. I understand that I may cancel this consent, in writing, at any time. I release the Love for Lewiston Foundation, its board members, and agents from all claims which may arise as a result of the release of information described above:

Applicant's Signature _____

Date _____