

PERSONAL ASSISTANCE APPLICATION TO THE ALBERTA ELKS FOUNDATION

Supporting Lodge: _____

Applicant(s): _____

Brief Description of Assistance requested: _____

Total Donation: \$_____ Lodge Contribution: \$_____ Foundation: \$_____

Travel Assistance: Yes Lodge Contribution: \$_____ Foundation: \$_____

Maximum Contributions: Travel - \$500. Foundation Approval: \$2,000. Conference Approved: over \$2,000.

LODGE INVESTIGATION REPORT:

- Motion from Minutes as attached
- Medical or Group Insurance Yes No
How Much: \$_____

Alternate Funding: Not available or Other Funding sought/acquired/pending:

FROM:	AMOUNT	CONFIRMED DONATION
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

- Proof of Net Annual Income Verified and accepted as qualified applicant
- Letter/Form from Medical Professional confirming need, cost and duration of treatment
- Letter authorizing Publication of Grant by Foundation and Lodge
- Declaration & Agreement Form from Applicant
- Declaration & Agreement Form from Lodge Officers

An Applicant for Personal Assistance to be made by a Lodge, except where the Applicant is a Lodge Member. In such case the Applicant may apply to the Lodge or directly to the Foundation who will conduct the investigation. All information is considered confidential as provided by any Applicant be it within the Lodge, within the Lodge Committee or at the Foundation Executive.

Date Submitted: _____ Date Reviewed: _____

Approval: _____

DECLARATION AND AGREEMENT

I, the undersigned hereby make application for financial assistance from the Alberta Elks Foundation as attached and declare:

That I have faithfully, honestly and diligently make this request for assistance assuring that the information I have provided is true.

That any assistance awarded will be used only for the purposes as stated in the application.

That I accept all the conditions governing awards as established by the Trustees of the Alberta Elks Foundation including permission for the Lodge and the Alberta Elks Foundation to publicize their donation as they see fit, within the limits of protecting my/our personal information.

That I make this declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath.

Dated this ____ day of _____, 20____

Applicant (or for the Applicant): _____

Print Name: _____

Address: _____

We the undersigned hereby make application for financial assistance from the Alberta Elks Foundation as attached and declare:

That we have faithfully and diligently conducted our investigation of the Applicant's request and verified that he/she is in need of Personal Assistance as requested.

That any assistance awarded will be used only for the purposes as stated in the application.

That we accept all the conditions governing awards as established by the Trustees of the Alberta Elks Foundation .

That we make this declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath.

Dated this ____ day of _____, 20____

Exalted Ruler/Honoured Royal Lady: _____

Print Name: _____

Secretary or Secretary/Treasurer: _____

Print Name: _____

