



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 Approval: 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
		Yes No Pending
		Yes No Pending
		Yes No 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:

