



Burns Fire Fund: Special Needs Application

Burns Memorial Fund manages three separate funds established by a generous bequest made by Senator Patrick Burns: the **Children's Fund** for the benefit of children living in low-income situations; the **Fire Fund** for the benefit of widows and orphans of the members of the Calgary Fire Department; and the **Police Fund** for the benefit of widows and orphans of the members of the Calgary Police Service. In 1975 the mandates of the Police and Fire Funds were expanded to assist with poverty relief of Calgary children and to provide post-secondary educational grants and special needs educational grants for children of firefighters and police officers.

Under the terms of the bequest from Senator Patrick Burns, Fire Fund grants are available only to the children of Calgary firefighters. Applications from grandchildren or other family members cannot be considered.

Educational grants of up to \$2,500 are available for any child of serving, retired or deceased firefighters with the Calgary Fire Department.

For the purpose of this program, eligibility criteria for retired members are as follows:

- a former member of Calgary Fire Department who served for at least 20 years in Calgary; and
- those who retired from Calgary Fire Department because of a disability, regardless of years served.

These educational grants are intended to assist an individual child with the costs of tuition, tutoring or educational supplies (e.g., laptop) to help reduce the barrier of a severe learning disability.

The grants are given to children who are attending accredited, recognized schools. The grants are limited to students in elementary, junior and senior high schools.

A child who receives a special needs grant remains eligible for post-secondary grants. One special needs application per child may be submitted per calendar year, for a maximum of four years of funding. No retroactive funding can be awarded.

How to Apply

To apply, please submit the following documents:

- Completed application form
- A copy of the applicant's Individual Program Plan (IPP) and/or psychoeducational assessment
- A copy of the applicant's most recent report card
- A letter of reference from a resource person (teacher, EA, counsellor, etc.)

Application and supporting documents should be emailed to firefund@burnsfund.com.

Any questions or concerns regarding this application may be directed to:

Hanna Moraru, Grants Administrator

Phone: 403-234-9396 ext. 1

hanna.moraru@burnsfund.com



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Request for Assistance

Application must be completed and signed electronically.

CHILD INFORMATION

CHILD'S SURNAME	GIVEN NAMES	
BIRTHDATE (YYYY/MM/DD)	PRONOUNS (EG: SHE/HER, HE/HIM, THEY/THEM, ETC.)	
ADDRESS	CITY/PROVINCE	POSTAL CODE

PARENT INFORMATION

PARENT'S SURNAME (CFD MEMBER)	GIVEN NAMES		
PARENT'S ADDRESS (IF DIFFERENT FROM ABOVE)	CITY/PROVINCE	POSTAL CODE	
PARENT'S EMAIL	TELEPHONE NUMBER	CELL PHONE NUMBER	
# OF YEARS OF SERVICE	EMPLOYEE NUMBER		
PARENT'S STATUS AT THE CALGARY FIRE DEPARTMENT: <div>SERVING RETIRED DECEASED</div> If you checked RETIRED, please provide additional information below. Please note, that for the purpose of this program, eligibility criteria for retired members are as follows (please check all that apply): A FORMER MEMBER OF CFD WHO SERVED FOR AT LEAST 20 YEARS IN CALGARY; A FORMER MEMBER OF CFD WHO RETIRED FROM CPS BECAUSE OF A DISABILITY, REGARDLESS OF YEARS SERVED.			
PARENT'S SURNAME (SPOUSE)	GIVEN NAMES		
SPOUSE'S OCCUPATION	ADDRESS (IF DIFFERENT FROM ABOVE)		
CITY/PROVINCE	POSTAL CODE	TELEPHONE NUMBER	CELL NUMBER
# OF DEPENDENT CHILDREN:			



Building our community . . . one child at a time

AMOUNT REQUESTED:	
NATURE OF REQUEST <i>(Please outline your child's needs and what the funding will be used for. Please attach any supporting documents about the program and/or equipment and costs involved that may be helpful in consideration of your application.):</i>	
HAVE YOU PREVIOUSLY RECEIVED FUNDING FROM BURNS MEMORIAL FUND?	IF YES, WHEN?
<div style="display: flex; justify-content: space-around;"> Yes No </div>	

- A copy of the applicant's Individual Program Plan (IPP) and/or psychoeducational assessment
- A copy of the applicant's most recent report card
- A letter of reference from a resource person (teacher, EA, counsellor, etc.)

I hereby make my application for financial assistance from the Burns Fire Fund for my child; and I give consent to the disclosure and release by Schools, Medical Funders, Support Organizations and/or Agencies of any information relevant to and required by the Burns Memorial Fund with respect to my application for assistance. I DECLARE the above information is accurately stated. By signing this page, both the firefighter/parent and applicant give expressed consent to be contacted via email by the Burns Memorial Fund. If you do not wish to give your expressed consent for email correspondence, please let us know at unsubscribe@burnsfund.com.

DATE _____

BURNS MEMORIAL FUND FOLLOWS LEGISLATED GUIDELINES FOR PRIVACY

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