



## Watson Family Foundation Fund Application

This fund exists thanks to a grant from the **Watson Family Foundation at Calgary Foundation**. Financial assistance is available to improve and sustain the quality of life for children with disabilities from low-income families by providing funds for specialized services and equipment. Funding is for one-time costs only.

The Watson Family Foundation Fund considers up to \$2,000 per family for specialized equipment and service requests within a three-year period. If a grant is approved, payment is made directly to the supplier or service provider.

### To Apply The Child Must:

- Be under 21 years of age.
- Be a resident of Calgary or its surrounding areas (within a 1-hour radius of the city) for at least the past six months.
- Meet low-income guidelines.
- Have a formal diagnosis of a physical, developmental or other disability.

An application for the Watson Family Foundation Fund is attached below. After completing the attached application form, **please submit it along with copies** of the following supporting documents:

### Supporting Documents Required

- INCOME VERIFICATION-** (e.g. two months of recent paystubs, employment insurance, Alberta Works statement, student loan, social assistance, AISH, etc.).
- DOCUMENT SHOWING ADDRESS-** (rental agreement, mortgage statement, or Calgary Housing statement).
- CANADA CHILD BENEFIT STATEMENT**
- I.D. FOR ALL CHILDREN IN THE HOUSEHOLD-** (Alberta Health Care Card(s) for children, Alberta Child Health Benefit Card, or Alberta Works medical card).
- DIAGNOSIS LETTER** - from a medical professional stating the child's diagnosis.
- EQUIPMENT OR SERVICE INVOICE** – quote from the supplier or service provider showing equipment and/or service details.

It is important to attach everything that is requested, or the application process will be delayed. If something is missing, please explain why.

**Please email, fax, or mail the completed application form and supporting documents to the Grants Coordinator via the contact information listed on the final page of the application.**

## Watson Family Foundation Fund Application

### FAMILY INFORMATION

\_\_\_\_\_  
 NAME OF FIRST PARENT/LEGAL GUARDIAN / PRIMARY CONTACT

\_\_\_\_\_  
 EMAIL ADDRESS

\_\_\_\_\_  
 (H) PHONE NUMBER

\_\_\_\_\_  
 (C) PHONE NUMBER

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY

\_\_\_\_\_  
 POSTAL CODE

\_\_\_\_\_  
 JOB TITLE

\_\_\_\_\_  
 EMPLOYER

\_\_\_\_\_  
 NAME OF SECOND PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
 JOB TITLE

\_\_\_\_\_  
 EMPLOYER

\_\_\_\_\_  
 LENGTH OF TIME APPLICANT HAS LIVED IN CALGARY

\_\_\_\_\_  
 HAVE YOU PREVIOUSLY APPLIED TO THE FUND? IF YES, WHAT YEAR?

\_\_\_\_\_  
 REFERRED BY?

**CHILD RECEIVING SERVICES OR EQUIPMENT**

NAME	DATE OF BIRTH (DD/MM/YY)	OFFICIAL DIAGNOSIS

**ADDITIONAL CHILDREN LIVING AT HOME**

NAME	DATE OF BIRTH (DD/MM/YY)

## Watson Family Foundation Fund Application

### FAMILY FINANCIAL INFORMATION

Please complete all fields of the application. Do not leave any portion of the application blank.

#### MONTHLY EXPENSES

RENT / MORTGAGE	
TELEPHONE	
UTILITIES (ELECTRICAL / WATER / GAS)	
FOOD	
VEHICLE COSTS (GAS AND MAINTENANCE)	
TRANSIT PASSES	
DAY CARE / BABYSITTING	
MEDICAL	
EDUCATIONAL	
HOUSEHOLD	
OTHER:	
<b>TOTAL MONTHLY EXPENSES:</b>	

#### DEBTS/LOANS:

TYPE	TOTAL \$ OWED	MONTHLY PAYMENT

<b>TOTAL MONTHLY EXPENSES WITH DEBT:</b>	
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#### MONTHLY INCOME

NET PAY FROM EMPLOYMENT	_____
PARENT/LEGAL GUARDIAN 1:	
PARENT/LEGAL GUARDIAN 2:	
CANADA CHILD BENEFIT (CCB)	
SOCIAL ASSISTANCE (AISH, INCOME SUPPORT, ETC.)	
EMPLOYMENT INSURANCE	
PENSION	
CHILD SUPPORT (CHILD MAINTENANCE PAYMENTS)	
OTHER:	
<b>TOTAL MONTHLY INCOME:</b>	

#### ASSETS

#### VALUE

ASSETS	VALUE	VALUE
VEHICLES		
PROPERTY		
RRSP		
SAVINGS		
OTHER:		
<b>TOTAL ASSETS:</b>		

**Please check if you have any of the following:**

Fair Entry

Alberta Child Health Benefit

Alberta Child & Family Benefit



## **Watson Family Foundation Fund Application**

### **CURRENT SITUATION**

*Please describe your child's disability, daily living challenges, the nature of your request (e.g. equipment or services needed), the total amount requested and any other information we should be aware of in the space below. Should you require more space, feel free to attach no longer than one separate page. Note: It is highly recommended that you submit a letter of support from a healthcare professional, therapist, social worker, etc. along with your application.*

## Watson Family Foundation Fund Application

### LEGAL DECLARATION OF APPLICANT

I hereby make my application for financial assistance from the Watson Family Foundation Fund for my child/myself; and I declare that:

- a) If my circumstances as outlined in this application should change during the granting process, I will notify the Watson Family Foundation;
- b) I have truthfully and fully disclosed my financial situation to the best of my knowledge;
- c) I consent to the disclosure of relevant and required details related to this application between the identified service or equipment providers and Burns Memorial Fund;
- d) I give my 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](mailto:unsubscribe@burnsfund.com));
- e) I make this declaration conscientiously believing it to be true and complete, and of the same force and effect as if made under oath;

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SIGNATURE OF APPLICANT

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DATE (DD/MM/YY)

BURNS MEMORIAL FUND FOLLOWS LEGISLATED GUIDELINES FOR PRIVACY

**Please note: this page must be signed to complete the application. You may print/sign/scan the page or use the "fill and sign" feature in Adobe Acrobat.**

#### **SUBMIT APPLICATION TO:**

**Faye San Jose**  
**Grants Coordinator**

Burns Memorial Fund  
Kahanoff Centre  
1120, 105 12<sup>th</sup> Ave SE  
Calgary, AB, T2G 1A1

T: 403 234 9396 ext. 2 | Fax: 403-233-0513

[fe.sanjose@burnsfund.com](mailto:fe.sanjose@burnsfund.com)