



Watson Family Foundation Fund Application

Program Information

This assistance is made possible by the **Watson Family Foundation** and the **Calgary Foundation**. Grants are available to improve and sustain the quality of life for special needs children in low-income families by providing funds for services and equipment.

An application to the Watson Family Foundation Fund is attached below. This application will be used to determine if families qualify for assistance. Please be aware that priority will be given to families with the lowest amount of income. It is important to attach everything that is asked for, where applicable, or the application process will be delayed. If something is missing, please explain why.

After completing the attached application form, **please submit it along with copies of the following documents:**

1. VERIFICATION OF INCOME (for all working individuals living in the same household e.g. two months of paystubs, employment insurance, student loan, social assistance, AISH, etc.)
2. RENT OR MORTGAGE RECEIPT
3. RECENT NATURAL GAS AND UTILITY BILLS
4. ALBERTA HEALTH CARE CARDS
5. CANADA CHILD BENEFIT STATEMENT
6. NOTICE OF ASSESSMENT (for all working individuals living in the same household)

Note: Children must be 20 years old or under and be a resident of Calgary or its surrounding areas (within a one hour radius of the city).

Should you have any questions regarding the Watson Family Foundation Fund or this application, please contact **Charlotte, Grants Administrator**, via the information below.

Completed applications can be submitted via fax, mail, or email to:

Burns Memorial Fund
Kahanoff Centre
1120, 105 12th Avenue SE
Calgary, AB T2G 1A1

Phone: (403) 234-9396 | Fax: (403) 233-0513
charlotte.chesnut@burnsfund.com | www.burnsfund.com



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Family Information

FAMILY NAME

MAIN CONTACT PERSON'S NAME

ADDRESS

POSTAL CODE

(H)

(C)

EMAIL ADDRESS

PHONE NUMBER

PHONE NUMBER

NAME OF FIRST PARENT/LEGAL GUARDIAN

DATE OF BIRTH (DD/MM/YY)

JOB TITLE & EMPLOYER

NAME OF SECOND PARENT /LEGAL GUARDIAN

DATE OF BIRTH (DD/MM/YY)

JOB TITLE & EMPLOYER

MARITAL STATUS

REFERRED BY?

OTHER AGENCIES INVOLVED/CONTACTED

HAVE YOU PREVIOUSLY APPLIED TO THE WATSON
FAMILY FOUNDATION FUND? IF YES, WHAT YEAR?

CHILDREN AT HOME:

NAME

DATE OF BIRTH (DD/MM/YYYY)

SCHOOL AND GRADE



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Financial Situation

FIXED MONTHLY EXPENSES

RENT / MORTGAGE	
TELEPHONE	
UTILITIES	
NATURAL GAS	
FOOD	
VEHICLE COSTS	
BUS PASSES / TAXI COSTS	
DAY CARE / BABYSITTING	
MEDICAL	
EDUCATIONAL	
OTHER:	
TOTAL MONTHLY EXPENSES:	

FIXED MONTHLY INCOME

NET PAY FROM EMPLOYMENT	—
PARENT/LEGAL GUARDIAN 1:	
PARENT/LEGAL GUARDIAN 2:	
CANADA CHILD BENEFIT	
ALBERTA CHILD BENEFIT	
ALBERTA FAMILY EMPLOYMENT TAX CREDIT	
STUDENT LOAN / FUNDING	
SOCIAL ASSISTANCE	
EMPLOYMENT INSURANCE	
PENSION	
MAINTENANCE FOR CHILDREN	
OTHER:	
TOTAL MONTHLY INCOME:	

DEBTS/LOANS

TYPE	TOTAL OWED	MONTHLY PAYMENT
	\$	
TOTAL MONTHLY PAYMENTS: (ENTER WITH MONTHLY EXPENSES)		

OTHER NON-MONTHLY EXPENSES:

TOTAL OTHER EXPENSES:		

ASSETS

VALUE

VEHICLES:		
REAL ESTATE		
RRSP		
SAVINGS		
OTHER:		
TOTAL ASSETS:		



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Current Situation

Please describe your child's special needs, the nature of your request (e.g. equipment or services needed), the total amount requested, and any other information BMF should be aware of in the space below. **Note:** It is highly recommended that you submit a letter of support from a health care professional, therapist, social worker, etc. along with your application.

SIGNATURE OF APPLICANT

DATE



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LEGAL DECLARATION OF APPLICANT

I hereby make my application for financial assistance from the Watson Family Foundation for my children; and I declare that:

- a) any assistance awarded will be used only for my children and the intended purpose of the grant;
- b) I will return original receipts indicating purchases completed for my children's purposes;
- c) if my circumstances as outlined in this application should change during the granting process, I will notify the Watson Family Foundation;
- d) I have truthfully and fully disclosed my financial situation to the best of my knowledge and give permission to the Watson Family Foundation to disclose my information in order to verify my circumstances;
- e) I consent to the disclosure and release by Alberta Human Resources and Employment, the Student Finance Board, or Alberta Health Care/Alberta Blue Cross of any information relevant to and required by the Watson Family Foundation with respect to my application for assistance;
- f) 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);
- g) I grant the institution(s) named in this application the right to release information relevant to this application to the Watson Family Foundation upon request;
- h) I make this declaration conscientiously believing it to be true and complete, and of the same force and effect as if made under oath.

SIGNATURE OF APPLICANT

DATE

BURNS MEMORIAL FUND FOLLOWS LEGISLATED GUIDELINES FOR PRIVACY

If filling this form out online, please ensure you print and sign this page to complete your application.

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