

Cancer Care Fund

APPLICATION FORM

For Bowen Island residents in active cancer treatment



“Because sometimes it takes an island to get through cancer treatment.”

Mary Letson Founder, SwimBowen

About the Cancer Care Fund: The mission of the SwimBowen Cancer Care Fund is to provide financial gifts to support continuing care for full-time Bowen Island residents with financial need during active cancer treatment. Funds for Cancer Care gifts are raised at SwimBowen, an open-water swim event held annually at Tunstall Bay, Bowen Island. The Cancer Care Fund does not require documentation of financial need. We and our donors believe that community members will respect this trust and flexibility and will only apply if the gift will make a difference to them.

Disbursements: The Cancer Care Fund committee considers each request on a case-by-case basis, meeting regularly to review applications and administer gifts. Approval decisions are made at the sole discretion of the Committee. To sustain the Cancer Care Fund, the committee reserves sufficient funds to launch the next SwimBowen event.

Funding Levels: Cancer Care Fund gift amounts vary from **\$1500-\$3000** and are determined in part by the recipient’s level of need, and by the amount of funding raised during the annual SwimBowen event.

Applications: Requests for gifts are made to the Cancer Care Fund committee using this application form. All applications require certification by a medical doctor or nurse practitioner. Guardians, friends and family members may apply on behalf of patients.

Confidentiality: SwimBowen and the **Cancer Care Fund** committee ensure that all applications and gifts remain strictly confidential.

Recipient Information	Medical Practitioner Contact & Certification
First Name:	Name:
Last Name:	Email:
Phone:	Phone:
Email:	_____
Age (at time of application):	<i>Signature of medical doctor or nurse practitioner</i>
Mailing address:	Office Information:

Eligibility

The fund is available to full-time Bowen Island residents who are undergoing active cancer treatment.

This is my first application

This is a repeat application

Generally, gift amounts will be smaller for repeat applicants.

Level of Support

On a scale of 1 to 10, please rate your current level of financial need.



Current Treatments

Radiation

Surgery

Other

Chemotherapy

Palliative Care

Application Submission

Please ensure contact details are complete and the form is signed by both applicant and physician.

Email to:

SwimBowenCancerCare@gmail.com

Mail to:

SwimBowen Cancer Care Fund

1532 Adams Road

Bowen Island, BC. V0N 1G2

Signature of Applicant (or Guardian)

I have read and understand the stated Terms and Conditions.

Signature of Applicant or Guardian

Committee Use Only

Date received:

Notes:

Status:

Terms and Conditions:

COLLECTION OF INFORMATION / PRIVACY

Any personal information provided to SwimBowen Cancer Care Fund is collected, used and disclosed in accordance with the Freedom of Information and Privacy Act or other applicable legislation. Purpose for collecting information: SwimBowen Cancer Care Fund is using the information to assess and process the application. Personal information will not be sold, traded, given or disclosed to any other body or organization. Personal information will only be collected to fulfill the purpose for which it was originally collected. SwimBowen Cancer Care Fund does not collect personal information unless voluntarily provided for the SwimBowen Cancer Care Fund application. All information is required to properly process and review the application, unless clearly specified.

DISCLAIMER

SwimBowen Cancer Care Fund will not be responsible for harm or loss incurred from receiving care or treatments or products from the health care provider chosen or monetary grant from SwimBowen Cancer Care Fund. By submitting this application, you, the applicant, release SwimBowen Cancer Care Fund from any and all claims related to this application and the use of treatments or products received as a result of it.

By submitting your application, you acknowledge that you have read and understand all terms of application. You consent to the collection and use of your personal information and that you are waiving your legal rights to take legal action against SwimBowen Cancer Care Fund. It is an offence to make a false or misleading statement in an application for support through a charitable organization.