



Application form for Bereavement Fund Policy, Emergency Fund Policy and Emergency Medical Fund Policy

Name:

Date:

Have you been appointed as a family representative? YES NO

If YES – what family are you representing?

Date of Birth:

CAFN Number:

Permanent Mailing Address:

Current Address (if different than above):

Are you a student? YES NO If yes, are you in school part-time or full-time?

Name and location of school:

Bereavement Policy:

Name of the deceased:

Date of Death:

please provide a copy of the death certificate along with this form

Emergency Fund Policy:

Nature of the Emergency:

Please provide specific details on the expenses that you need support for and their related costs:

Expense	Estimated Cost
Total	

Medical Emergency Travel Fund Policy:

Nature of the Medical Emergency:

What other funding have you applied for to support this expense? Please provide copies of your funding applications and rejection letters along with this application.

*** Please provide a copy of appropriate medical documentation noting the nature of the medical emergency along with this application.***

I declare that the information submitted in this application to be true and complete to the best of my knowledge:

Signature:

Date:

Administration Use Only

Financial Assistance Granted:

YES

NO

Amount of Funding support provided:

Date of approval:

Cheque Number:

Approved by: