ASSISTANCE APPLICATION

Name of Child_____

Name of Parent/Caregiver_____

Address_____

Postal Code_____ Tel: Home _____

Tel: Work_____ Age of Child _____ Sex: M ☐ F ☐

☐ I/we would be willing to be interviewed by Q104 or KOOL FM about my/our experience in dealing with the Children's Trust Fund and the benefit my/our family has derived from it. The interview will be recorded and edited, not done live to air. This is to encourage radio listeners to continue to give generously to the Fund so that others will be able to benefit as well.

Reason for request – Please include the child's medical situation and the intended use of the funds:

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Please include a recommendation from a physician, nurse, social worker, or other health care professional along with their telephone number, and specifying any other assistance you might be receiving. Please fax all information to Ted Hyland at (902) 453-3120 or have it delivered to our office at 3770 Kempt Road, Suite 200, Halifax, NS B3K 4X8. If you have any questions, call Ted at (902) 453-4004.

Date_____ Signature _____