



Application for Assistance

Name of Child _____

Name of Parent/Caregiver _____

Address _____

Postal Code _____ Email _____

Tel: Home _____ Tel: Work _____ Sex: M F Age of Child: _____

Amount of Assistance Requested: \$_____ I/we would be willing to be interviewed by Q104 or Mix 96.5 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:

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 Violet King at (902) 493-3532 or have it delivered to our office at 3770 Kempt Road, Suite 200, Halifax, NS B3K 4X8. If you have any questions, call Violet at (902) 453-4004.

Date _____ Signature _____