



Canadian Hemophilia Society - BC Chapter

FUNDING APPLICATION FORM

2019



***We are unable to process incomplete applications.  
Please print clearly, fill out each applicable page and obtain signatures where needed.***

APPLICANT'S NAME: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_  
(if applying for a minor)

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**APPLICATION WILL BE AVAILABLE SHORTLY**

**To be eligible for any of the funding provided by the BC Chapter, applicants must :**

- be Current Member of the BC Hemophilia Society
- be a Canadian Citizen & Permanent Resident of BC
- be Diagnosed with an Inherited Bleeding Disorder
- provide Original Receipts for the Item/Service
- provide a verification letter from physician stating that the applicant (or the child for whom you are applying) **"has been diagnosed with hemophilia/inherited bleeding disorder"**
- where applicable, provide two competitive quotes for the item or service for which he/she is seeking funding
- where applicable, provide proof that government or insurance programs do not cover all or part of the cost of the item or service for which he/she is seeking funding
- confirm that the information in this application form is true to the best of his/her knowledge

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