

Things You Will Need to Apply & Things to Consider

*****If you are applying and your total income earned is over \$50,000.00 a year, your application will not be considered unless you have an immediately dangerous to life and health situation. *****

If you are applying for funding you will need to provide all of the following at the time of application:

-A Copy of your Valid Canadian ID

-A copy of your T1 or T4 tax return slips for each contributing family member

-A Doctors note or supporting medical document

If you meet the requirements for applying, the Charity will cover your meals, gas, flights, hotels and potentially means of transport (within reason depending on the circumstances). We only cover your means of travel and accommodations. We do NOT cover medication and anything else that is not means of travel and accommodations.

We do not book your hotels and flights for you; however we do reimburse you upon approval.

We no longer pay for drinks of ANY sorts. Any receipts submitted with drinks on them will not be considered and the entire receipt will not be valid for submission.

We do not pay for meals upfront. We do however pay for anything that is pre-booked up front (i.e. Flights, hotels) as well as fuel based upon kilometers if the applicant is driving. In order to get reimbursed for meals, you must bring back and submit receipts.

Receipts upon your return from your trip must be submitted to the charity in order to help with potential future funding. Please keep your receipts.

If you make \$50,000.00 or less annually, you may be eligible to fly with Hope Air. To book your flights through Hope Air visit: <https://hopeair.ca/Our-Work/Travel-Request/Travel-Request>. Proof of applying for Hope Air will have to be submitted if you make \$50,000.00 or less annually and if you are denied flights by Hope Air.

Applications can be submitted by email: applicationsfsjcs@gmail.com or by dropping them off or mailing them to the Fort St. John Fire Department:

9312 93 Avenue
Fort St. John, B.C.
V1J 6T4

Your application may take 3-5 business days to be processed

*****By submitting this document your name will not be disclosed but your story may be shared/used in promoting the charity to our donors. *****



File #

Charitable Funding Recipient Record

Date of Application:

mm/dd/YYYY

Contact Phone Number:

Have you applied to our Charity before? *(This will not exclude you from any funding)* Yes No

Name of the applicant that is in the hospital:

Surname

First

Middle Initial

Address of applicant:

Suite#/Unit#

Street

City

Country

Postal Code

Date in the Hospital:

mm/dd/YYYY

Name of Hospital:

Patients Age:

Patients Birthday:

mm/dd/YYYY

Family Taxable Income:

Family expenses that might contribute to the families earnings being lower than projected:

Name of Hotel:

Cost of hotel room per night:

Means of Travel:

Do you have money coming from other fund raisers? (example: Gofundme) Yes No

If you do have money coming from a fund raiser, how much has been donated?

Is this trip for cancer, potential cancer, or a cancer related illness? Yes No

Will you be on Long Term Disability? Yes No For How Long?

Are you receiving money for Long Term Disability? Yes No If yes, how much?

Have you or anyone in your immediate family ever serve in the Canadian Military? Yes No

Do you have Critical Illness Insurance? Yes No If yes, are you getting the coverage for this illness? Yes No How much money are you receiving?

Do you have life insurance? Yes No
If yes, does it cover your illness in any way? Fully Covered Partially Covered Not Covered

Do you pay child support? Yes No If yes, how much?

Do you receive child support? Yes No If yes, how much?

Do you pay alimony? Yes No If yes, how much?

Do you receive alimony? Yes No If yes, how much?

Employers name that you work for:

Name of your Direct Supervisor: Supervisors contact number:

Are you on Employment Insurance? Yes No If yes, for how long?

Can we use your case on social media? Yes No If yes, can we use your name? Yes No

We appreciate any photos that help promote our charity. Can we use your photos on social media?
Yes No

Name of person that is receiving cheque/money on behalf of the family (*must be 19 years or older*):

Surname First Middle Initial

Photo identification type provided by the person receiving the cheque/money (*check one*):

- B.C. Driver's Licence or Learner's Licence (must have your photo)
- B.C. Identification (BCID) Card
- B.C. Services Card (must have your photo)
- Canadian Birth Certificate
- Passport
- Canadian Citizenship Card
- Permanent Resident Card
- Canadian Record of Landing/Canadian Immigration Identification Record

Brief description of your illness, what treatment is required and why you need the funding:

