



# Bursary Application

## Our Mission Statement

To provide full time Bowen Island residents in need with financial assistance to support self-care during active cancer treatment. A cancer patient in need is defined as those whose expendable income does not cover the costs of self-care.

Suggested self-care services may include massage, acupuncture, physiotherapy, nutritional counselling, pedicures, medications not covered by MSP, food delivery etc.

The **SwimBowen** Bursary Committee will ensure the following agencies are aware of the Bursary program: family doctors on Bowen Island and Horseshoe Bay, Bowen Island's Caring Circle, Bowen Island church ministers and island home care nurses, as well as the Social Services department at the Vancouver Cancer Agency.

## Fund Dispersal Guidelines

The **SwimBowen** Bursary Committee considers each request on a case by case basis.

The Committee meets every six weeks to review applications and administer funds with approval decisions made at the sole discretion of the Bursary Committee.

All applications for **SwimBowen** Bursaries require certification by a Medical Doctor or Nurse Practitioner.

Guardians, friends and family members may apply on behalf of patients.

The number of fund dispersals depends on total funds raised at the Annual **SwimBowen** event while ensuring sufficient funds remain in the account held at the Bowen Island First Credit Union to launch the **SwimBowen** event the following year.

## Confidentiality

The **SwimBowen** Bursary Committee ensures all applications and recipients will remain strictly confidential.

## Bursary Levels

### Bursary Level I: \$1,000

Cancer patient has not been prescribed and is not receiving intravenous chemotherapy.

### Bursary Level II: \$1,500

Cancer patient has been prescribed and is receiving intravenous chemotherapy.

### Notes:

- Multiple applications for the same level will be administered on a first come first serve basis.
- When applications exceed funds available, Level II Bursary applications will take precedence over Level I Bursary applications.
- One may apply for a bursary more than once, but may receive a bursary one time only.

# Bursary Application Form



## Patient Information

Last Name ..... First Name .....

Mailing Address .....

.....

Tel: (.....) ..... Email: ..... Age: .....

## Eligible Category *please check one*

### ◆ Bursary Level I: \$1,000

Cancer patient has not been prescribed and is not receiving intravenous chemotherapy.

### ◆ Bursary Level II: \$1,500

Cancer patient has been prescribed and/or is receiving intravenous chemotherapy.

## Medical Practitioner Certification

I certify this patient has a cancer diagnosis and has been prescribed the indicated treatment.

\_\_\_\_\_  
*Signature of Medical Doctor or Nurse Practitioner*

## Office Stamp

## Medical Practitioner Contact Details

Name .....

Mailing Address .....

Tel: (.....) ..... Email: .....

## Signature of Applicant or Guardian

I have read and understand the stated Terms and Conditions (see over).

.....  
*Signature of Applicant or Guardian*

## Application Checklist

1. Eligible category chosen AND certification and signature by Medical Practitioner.
2. Applicant's signature agreeing to the Terms and Conditions.

## Submit Application

1. **Email:** Take photo or scan form and email to [swimbowenbursary@gmail.com](mailto:swimbowenbursary@gmail.com)
2. **Mail** to **SwimBowen** Bursary Committee, 725 Arbutus Place, Bowen Island, BC V0N 1G2.

Committee Use Only

Date received: \_\_\_\_\_

Approval Status: \_\_\_\_\_

Notes: \_\_\_\_\_

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## Terms and Conditions

### COLLECTION OF INFORMATION / PRIVACY

Any personal information provided to **SwimBowen** Bursary Committee is collected, used and disclosed in accordance with the Freedom of Information and Privacy Act or other applicable legislation.

Purpose for collecting information: **SwimBowen** Bursary Committee is using the information to assess and process the application. Personal information will not be sold, traded, given or disclosed to any other body or organization.

Personal information will only be collected to fulfill the purpose for which it was originally collected. **SwimBowen** Bursary Committee does not collect personal information unless voluntarily provided for the **SwimBowen** Bursary application.

All information is required to properly process and review the application, unless clearly specified.

### DISCLAIMER

**SwimBowen** Bursary Committee will not be responsible for harm or loss incurred from receiving care or treatments or products from the health care provider chosen or monetary grant from **SwimBowen** Bursary Committee.

By submitting this application, you, the applicant, release **SwimBowen** Bursary Committee from any and all claims related to this application and the use of treatments or products received as a result of it.

BY SUBMITTING YOUR APPLICATION, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND ALL TERMS OF APPLICATION AND FURTHER CONSENT TO THE USE OF THE COLLECTION AND USE OF YOUR PERSONAL INFORMATION AND THAT YOU ARE WAIVING YOUR LEGAL RIGHTS TO TAKE LEGAL ACTION AGAINST **SWIMBOWEN** BURSARY COMMITTEE.

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN AN APPLICATION FOR SUPPORT THROUGH A CHARITABLE ORGANIZATION.