



Our Mission Statement

The mission of the **Cancer Care Fund** is to provide financial gifts to support continuing care for full time Bowen Island residents in active cancer treatment.

Funds for **Cancer Care** gifts are raised at SwimBowen, an open water swim event held annually at Tunstall Bay, Bowen Island.

Applications

Requests for gifts are made to the **Cancer Care Fund** committee using the Cancer Care Application form. All applications require certification by a medical doctor or nurse practitioner.

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

Disbursements

The **Cancer Care Fund** committee considers each request on a case-by-case basis, meeting regularly to review applications and administer gifts. Approval decisions are made at the sole discretion of the committee.

To sustain the **Cancer Care Fund**, the committee reserves sufficient funds to launch the next SwimBowen event.

Gifts are awarded to eligible applicants on a first-come first-served basis, as funds are available.

When requests exceed funds available, Level II applications are prioritized.

Funding Levels

Gift Level I: \$1,000	Gift Level II: \$1,500	Gift Level III: \$1,500
Cancer patient has not been prescribed and is not receiving chemotherapy	Cancer patient has been prescribed and/or is receiving chemotherapy	Cancer patient is receiving palliative care

Confidentiality

SwimBowen and the **Cancer Care Fund** committee ensure that all applications and gifts remain strictly confidential.

Cancer Care Application Form



Patient Information

Last Name First Name

Mailing Address

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

Eligible Category *please check one*

<input type="checkbox"/> Gift Level I: \$1,000	<input type="checkbox"/> Gift Level II: \$1,500	<input type="checkbox"/> Gift Level III: \$1,500
Cancer patient has not been prescribed and is not receiving chemotherapy	Cancer patient has been prescribed and/or is receiving chemotherapy	Cancer patient is receiving palliative care

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 (next page).

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:** PDF or scan to swimbowenbursary@gmail.com **OR**
2. **Mail:** Printed form to SwimBowen Cancer Care Fund, 725 Arbutus Place, Bowen Island, BC V0N 1G2.

Committee Use Only

Date received: _____

Approval Status: _____

Notes:

Cancer Care Application Form



Terms and Conditions

COLLECTION OF INFORMATION / PRIVACY

Any personal information provided to the SwimBowen Cancer Care Fund 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 Cancer Care Fund 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 Cancer Care Fund committee does not collect personal information unless voluntarily provided for the Cancer Care Fund application.

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

DISCLAIMER

SwimBowen and the Cancer Care Fund 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 Cancer Care Fund committee.

By submitting this application, you, the applicant, release SwimBowen and the SwimBowen Cancer Care Fund 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 AND THE SWIMBOWEN CANCER CARE FUND COMMITTEE.

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