



Elaine Arsenault Fund
440 Main Street
Kentville, NS
B4N 1K8

Funding Application
for the
Elaine Arsenault Fund
(Revised December 2018)

NAME: _____
(First) (Last)

ADDRESS: _____
(Street) (Town)

(Province) (Postal Code)

E-MAIL (optional): _____

TELEPHONE: (____) _____ - _____

I live independently (i.e. I do not live in a group or small options home)

1. Reason for funding request: _____

2. Amount of funding request: Give as much detail as possible. For instance, include both the cost of items being purchased and the cost of class. If possible, please provide exact amount being requested, including applicable taxes. This information is required in order to process the application.

	Description	Cost	Tax	Total
1.				

2.				
3.				
4.				
(Need extra space? Use back of form)				

3. Quotation, bill, or invoice is: enclosed or being sent by _____

4. Date funds are needed by: _____
 (dd) (mmm) /yyyy)

5. Please include how you have tried to obtain other funding for your request. _____

6. Application will not be considered for funding without letter of reference from a mental health worker. My letter is: enclosed or being sent by _____

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR FUNDING.

The fund reserves the right to grant all, part or none of the amount requested.

Sponsored by the Canadian Mental Health Association Kings County Branch
 Phone (902) 679-7464 Fax (902) 679-7470 info@cmhakings.ns.ca