

Application

Confidential

To the Committee Funding Ukrainian Survivors
(Comox Valley Ukrainian Cultural Society)

Please complete this form for emergency financial assistance. Return completed form to: cvukrainianculturalsociety@gmail.com.

Date of application: _____

A. PERSONAL DATA:

Your full name: _____

Your email: _____ Your phone #: _____

Your address: _____

Who are the members of your family? Please provide their names, ages and relationship to you:

Name	Age	Relationship to you

If anyone is assisting you to complete this application, please provide their name and phone number here: _____

When did you leave Ukraine? Day/Month/Year ____/____/____

What is the date of your arrival in Canada? Day/Month/Year ____/____/____

B. ASSISTANCE:

Please tell us what type of assistance you are requesting (be specific and detailed):

Cost estimate: _____

Length of time assistance is needed: _____

When is the assistance needed? _____

C. FUNDING:

How are you currently supporting yourself?

What other sources of funding have you accessed?

D. ADDITIONAL INFORMATION:

What additional information would you like to share that would assist the committee in considering and approving your request for support?

What is your level of oral and written English (eg. none, beginner, intermediate, advanced)? _____

Would you be willing and able to provide interpretation/translation support to other arriving Ukrainian families? Yes _____ No _____

For committee use only:

Date of consideration: _____ Approved: _____ Denied: _____

Amount if approved: _____

Rationale: _____

Signature of committee representative: _____