Catherine White Holman Legacy Fund
Crisis Grant Application
2011 Application Form

About this Grant:

This grant is offered on an ongoing basis to folks in need; if you can't make your rent or bills one month, or have emergency expenses such as vet bills, lost ID, etc. this is the grant to apply for.

You can apply for any amount needed, up to $800.

Once the money for this grant is gone it will not be renewed until next year, so please only apply for what you truly need to get by and leave some for others.

Please state in the application how much money you are requesting, what you need the money for, and provide copies of bills, if possible.

Maximum Available: CDN$800

Deadline for 2011 applications: ongoing

Make Copies: Please send *copies* of supporting documents rather than originals, and keep a copy of your application for yourself.

Privacy: We will hold your application (including contact information and all such personal information) in strictest privacy, and not share, publish, or allow access to those outside of the CWH Legacy Fund selection committee.

Mailing Address:

Catherine White Holman Legacy Fund
21706-1424 Commercial Dr.
Vancouver, BC V5l 3X0
Canada

Attachments (optional):

You are welcome to send us more information about yourself, and your situation if you wish to. However this is completely optional. There are *two ways* to do this.

1) By regular post: Enclose additional writings, photos, copies of documents (Please do not send original documents!) with the envelope containing this form.

2) By email: Send to grants@catherinewhiteholmanlegacy.com. Submit word documents, spreadsheets, text files, digital images or other electronic files (under 3MB each please), with a subject line containing YOUR FULL PREFERREDNAME (so we know which application to attach them to). We understand that not everyone uses their birth/legal name and want to respect this, so legal names will only be required if you are selected and we cut you a cheque.

PERSONAL INFORMATION

Name:		
Address:		
City, Province, Postal Code:		
Phone: ( )		**Email:**
Website or blog (optional):		
Age:	**Date of Birth:**	**Personal Net Income (yearly):**

Identity

Please feel free to use your own words and descriptors.

Gender Identity:
Cultural Identity / Ethnicity:
Sexual Orientation:

Request for Grant

Please write clearly and include all your information and thoughts. There is no need to use formal language, and no need to stick to a particular format of writing, but do please give us details.

Enter the amount of grant money you are requesting:

Tell us about yourself, in as many words as you need. What is your involvement with the LGBTQ communities? (You can add extra pages to this application if you wish)

Tell why this grant would make a difference to you and your situation: (You can add extra pages to this application if you wish)**:**

***If possible*, please give us supporting information about your financial situation, such as copies of bills, or a letter from a friend, family member or worker describing your situation, etc.:** (You can add extra pages to this application if you wish)**:**

Agreement

I, _____, agree that in sending this form, I certify that all information I have provided is correct to the best of my knowledge. I understand that CWH LF funding may be canceled if this is not the case. I agree that if I am awarded a grant, I may be required to provide an accounting of my expenditures, and/or submit a complete final report as required by CWH LF.

SIGNATURE: _____ DATE: _____