



For office use only:
Date: _____
Amount funded: _____
Cheque #: _____

Sunshine Fund

Application for Financial Assistance

The purpose of the South Okanagan Children's Charity, Sunshine Fund is to assist families with children who have health concerns when other funding groups are unable to assist. All requests are confidential.

Child's name: _____ Date of birth: _____

Parents/Guardians names: _____

Address: _____ City: _____

Telephone: _____ Email address: _____

Other household members: _____

Child's health concerns: _____

Have you previously received funding from us? _____ If so when: _____

Have you received funding from other sources? _____ If so when: _____

Purpose of requested funds: _____

Total estimated costs: _____

Amount requested: _____

Provide detailed information about these extraordinary expenses: _____

Household monthly income: _____

Estimated household monthly expenses: _____

Release and Waiver and Information:

I hereby release and indemnify and save harmless South Okanagan Children's Charity and its board members from and against any and all expenses related to all claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature of kind whomsoever sustained, brought or prosecuted in any manner whatsoever relating to this application or any funding resulting here from, including without limitation based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor/contractor in the fulfillment of utilizing the funds provided by South Okanagan Children's Charity. SOCC acts solely as a third party funder and as such has no role in prescribing, recommending equipment, selecting a vendor/contractor and in the relationship between the parent and vendor. Payment from South Okanagan Children's Charity is not an acknowledgement that the work or equipment was acceptable

I authorize South Okanagan Children's Charity to provide and release any pertinent information to relevant service providers on my behalf for the purpose of assisting with funding this request.

I acknowledge and certify that the information provided in this application is true, correct and complete to the best of my ability.

Applicant Signature: _____ **Date:** _____

If you have any questions about the application or what types of equipment/services the South Okanagan Children's Charity funds you can contact us at 250-770-3420.

Fax completed application form to 250-770-3410 or email to Pamela.Waite@interiorhealth.ca