



British Columbia Schizophrenia Society  
Victoria Branch

**MEMORIAL FUND APPLICATION**

**Applicants must reside on Southern Vancouver Island**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Psychiatrist's Name: \_\_\_\_\_

School: \_\_\_\_\_ Course name & number: \_\_\_\_\_

*(Internet courses and courses outside B.C. will not be accepted for funding.)*

**Brief Description of Request:** \_\_\_\_\_

\_\_\_\_\_

**Funds Requested:** \$ \_\_\_\_\_

Have you applied for funds from the Memorial Fund before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What other sources of funding have you approached? \_\_\_\_\_

**Sources of income:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

***Please enclose a letter of referral with this application. Applications will not be processed without a referral from a medical or mental health professional.***

**Funding for each individual case, upon approval, may be provided up to a maximum lifetime limit of \$500.00**

Applications for funding may be considered for the following circumstances only:

1. Compassionate needs for family members.
2. Continuing education or compassionate needs for individuals suffering from schizophrenia or other serious mental illness.

***Consent: I understand the eligibility as outlined above and am aware that my application may be refused at the discretion of the Memorial Fund Committee.***

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE: Please allow one to two weeks following APPROVAL of this**

