



# British Columbia Schizophrenia Society Victoria Branch

## MEMORIAL FUND APPLICATION

**Applicants must reside on Southern Vancouver Island**

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

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

\_\_\_\_\_

**Request Type:**(Choose one)  Education  Art/Music  Computer  Fitness/Sports  Family Travel

Personal Expenses  Living Expenses  Medical/Dental  Bus tickets/pass  Clothing  Events

Other (specify) \_\_\_\_\_  Unknown

**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:** \_\_\_\_\_ **Profession:** \_\_\_\_\_

**Program:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Referral:**  VIHA Client Services  Physician/GP  Community Services  BCSS

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

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 application for cheque processing**



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## MEMORIAL FUND APPLICATION

Office use only

Decision

Status -  Approval – Full Funding  Approval – Partial Funding  Rejection

Date -   /  /    
          M D Y

Reason for decision: \_\_\_\_\_

Amount if partial funding: \_\_\_\_\_

Follow up

Status -  Follow-up obtained  Lost to Follow-up  Refusal  Attempted (will try again)  Unknown

Date of last contact:   /  /    
                          M D Y

Response: \_\_\_\_\_



# British Columbia Schizophrenia Society Victoria Branch

## Memorial Fund Criteria

*Please read carefully before filling out attached application. Thank you.*

**Purpose:** The primary purpose of the Memorial Fund is to provide financial assistance to family members of and/or individuals suffering from schizophrenia or another serious & persistent mental illness, where there is an established need. **Applications for funding may be considered in the following circumstances:**

- Family Members: Compassionate needs which arise as a result of their role as caregiver for an individual with a serious and persistent mental illness.
- Individuals with schizophrenia or another serious and persistent mental illness:
  - a) Continuing education or training;
  - b) Established and organized recreational activities and supplies
  - c) Compassionate needs (at the discretion of the committee)

### **Eligibility Criteria:**

- The amount of funding for each application will not exceed the amount approved by the committee.
- A new application form has to be submitted for any additional funding requests (not exceeding the lifetime limit—see below).
- Funds are paid directly to the institution or supplier and not to the individual.
- Self-referrals are not considered. An individual must be referred (see Referral information below).
- Once the BCSS Victoria Branch office has received the application, all applicants will be contacted to attend a short, information interview with the Memorial Fund Committee.
- Applicants must reside on Southern Vancouver Island
- Applications for Internet courses or for courses outside of BC will not be considered.
- The Memorial Fund does not supply emergency funding. Please allow for a four-week processing period.

### **Referral Information:**

An applicant can collect an application form from the BCSS Victoria Branch office or download it and print it off our website [www.bcssvictoria.ca](http://www.bcssvictoria.ca). The completed form should be returned with a letter of referral from a professional in the medical or mental health field (e.g. case manager, family doctor, psychiatrist etc.). Failure to do so will negate the application.

*Under no circumstances will any money that has been entrusted with the society for the Memorial Fund be used for any other purpose.*