



**Application form for
Patient Travel Grant**

The CALGARY EYE FOUNDATION is pleased to provide a \$500 Travel Grant for patients requiring to travel 400 km or greater in order to receive Ophthalmic treatment/surgery and whose household income is \$75,000 or less.

This grant is made available through the generosity of donors to the Calgary Eye Foundation. While all applications will be considered, as funding is limited, not all applications will be approved. Applications may be accepted before or after treatment is completed.

Section 1: Applicant

Please provide contact information. Funds granted may be either mailed or emailed to this address. * mandatory fields

Contact Information (primary correspondence will be by email)

First Name *	
Last Name *	
Email *	

If approved, funds will be e-transferred to above email address. Should you require a written cheque, please check here

Mailing Address

Street *	
Suite No	
City/Town *	
Province *	
Postal Code *	
Country	Canada

Applicant Phone Numbers

Home	
Cell	

Section 2: Treatment/Surgery information

Treatment/Surgery Information

Physician Name *	
Type of Treatment/ Surgery * ¹	
Location of Treatment/Surgery *	

¹ Treatments/surgeries accepted by this grant: Ocular Brachytherapy

Travel

Please provide distance travelled from home to place of treatment/surgery and return. (must be 400 km or greater)

Comments (please feel free to share any other relevant information you would like to share)

Criteria confirmation, all boxes must be checked in order to qualify.

- I have not previously received a patient travel grant from The Calgary Eye Foundation
- I have traveled or will travel more than 400 km to receive treatment/surgery
- I confirm that our household income is \$75,000 or less (or in last year prior to retirement)

I certify the above information is accurate

Signature of Applicant: _____ Date: _____

- I am willing to share my name (First name only) and location (City and Province only). This information may be published on The Calgary Eye Foundation Website, annual report, and other communication materials.

Please email completed application form to: contact@calgaryeyefoundation.org

Or via mail to: #104, 5340 – 1st Street SW, Calgary, AB. T2H 0C8

PLEASE ALLOW 4 – 8 WEEKS FOR APPROVALS & PROCESSING

APPROVAL - Calgary Eye Foundation use only

DATE: _____

PHYSICIAN APPROVAL: _____

DATE PAID: _____ CK/email# _____ ACCOUNT# _____