



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. \* 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 *	Dr. Ezekiel Weis
Type of Treatment/ Surgery * <sup>1</sup>	Ocular Brachytherapy
Location of Treatment/Surgery *	

<sup>1</sup> 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.

**Applications sent electronically will be reviewed and processed in a more timely manner. To request an electronic application form or send this completed e-form, please email: [travelgrant@calgaryeyefoundation.org](mailto:travelgrant@calgaryeyefoundation.org)**

A completed form may also be sent 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# \_\_\_\_\_