



BOVELL CANCER DIABETES FOUNDATION®

RESOURCE APPLICATION FORM

Our Mission

Bovell Cancer Diabetes Foundation (BCDF) is a non-profit, charitable organization based in Tobago. Our mission is enriching lives of people living with cancer and diabetes by providing financial and educational resources.

General Information

- We make grant decisions based on the merit of each individual seeking funds; however, we give priority to those grant applications coming from individuals residing in Tobago East.
- Decisions on grant applications are made at our discretion and an approval does not imply that we will continuously provide additional future financial support
- We will only consider complete grant applications from the individuals who meet all our application requirements

Eligibility of Individuals Requesting Funds

- Must be born in Tobago
- Currently residing in Tobago
- Must have been diagnosed with cancer or diabetes by a physician
- Must be willing to adhere to a disease management plan
- Must have a monthly income that qualifies for Government's assistance

- Individuals receiving funding must have their family members commit to the disease prevention and management plan offered by BCDF

Application Requirements

- Incomplete applications will not be considered
- A description of the diagnosis for which the fund is being sought
- An explanation of your hardship
- A budget for the funds you are seeking and how you will spend it
- Maximum amount per individual - \$1,000.00
- All the funds given by BCDF must be spent on the individual receiving the grant
- Your contribution/involvement in social activities in your village organizations
- Your willingness to volunteer your services, if able, to BCDF to help and support others living with cancer or diabetes; and in prevention efforts

Grant Application Schedule

Grant applications are considered on the following schedule:

Deadline for Application	Deadline for Grant Decision
October 15 th 2008	October 31 st , 2008
January 16 th , 2009	March 2 nd , 2009
April 15 th , 2009	April 30 th , 2009
July 15 th , 2009	July 31 st , 2009

Fund Application Submittal

Send two (2) copies of the application to:

BCDF[®]

19 King Orange Avenue South

Santa Rosa Heights, Arima, Trinidad, West Indies

Please visit our website at: www.bovellcancerdiabetesfoundation.org to download the application forms. Print and copy as many as you wish.

Please refer all questions concerning this application and program to:

Bovell Cancer Diabetes Foundation

Phone: 868) 667-2576

Grant Application

Application Received _____

Application Reviewed _____

Approved _____ Not Approved _____

1. Applicant Information:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Date: _____

Place of Birth: _____

Number of persons in household other than you: _____

Male: _____ Female: _____

2. Grant Request

Diagnosed Condition	Cancer	Diabetes
Type of Cancer	<input type="checkbox"/> Breast <input type="checkbox"/> Prostate <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>

Please explain the hardship you are undergoing with regards to your cancer/diabetes and how the funds will improve your quality of life

3. Budget

Maximum Request - **\$1,000.00**

Requested Funds: \$ _____

Amount of Money (\$)	How I plan to spend it (\$)
Total	