

# Calgary Fetal Alcohol Network

## Empowerment Fund

This fund was created for individuals and families living with Fetal Alcohol Spectrum Disorder (FASD), to increase their opportunities to make their lives better. It was started in 2009 by CFAN, to give back to the FASD Community a portion of their annual fundraising dollars.

### Money can be used for:

- courses and classes(Not core education)
- tutoring
- employment readiness
- health and wellness therapy

### How to Apply For Help

You will need to fill out the application form and email/send it to:

Erin Palashniuk

207 4441, 76<sup>th</sup> Ave SE

Calgary Alberta,

T2C 2G8

Email: [info@calgaryfasd.com](mailto:info@calgaryfasd.com)

For more information Erin can be reached at: 403-681-2673

Applications can be made throughout the year and will be reviewed by the Empowerment Committee if funds allow. Applications will be reviewed every four months; August, December and April. The last day to submit applications for each round are as follows:

April 15<sup>th</sup>, 2012

August 15<sup>th</sup>, 2012

December 15<sup>th</sup>, 2012

*"Support for Today Prevention for Tomorrow"*

The most money an individual can apply for is \$750.00. Applicants must demonstrate in their application that the funding cannot be found elsewhere.

Applicants must demonstrate that they have a diagnosis, are in the process of obtaining a diagnosis or are receiving support from a program that works in the area of FASD.

If an applicant is not successful they are welcome to re-apply in the following review date. Priority will be given to individuals who have not received money previously.

## Calgary Fetal Alcohol Network

### EMPOWERMENT FUND

Application Form 2011/12

#### A. APPLICANT INFORMATION

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person (if different from above): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Age of applicant \_\_\_\_\_

\*Do you have an open file with Child and Family Services? \_\_ yes \_\_ no

\*Do you have First Nations/Métis/Treaty Status? \_\_ yes \_\_ no \_\_ N/A

\*FASD Diagnosis: \_\_ yes \_\_ no \_\_ in process

(\*This is for information purposes only. This will not affect application.)

Name of Support person/agency: \_\_\_\_\_

#### B. FUNDING REQUEST

What is the education or training activity? (Attach copy of brochure or course description if available)

\_\_\_\_\_

\_\_\_\_\_

When will the activity take place? Start date: \_\_\_\_\_

End date: \_\_\_\_\_

How much will the activity cost you? \_\_\_\_\_

*"Support for Today Prevention for Tomorrow"*

How much money do you need to help with costs of the activity? (No more than \$750.00) \_\_\_\_\_

When will the funding be required? \_\_\_\_\_

Did you look elsewhere for funding? \_\_\_\_ Yes \_\_\_\_ No

If yes, where: \_\_\_\_\_

What will the money be used for?

Registration/Tuition (not core education)

Transportation (related to the activity only)

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

What do you think will be the benefits to you from participating in this activity?

\_\_\_\_\_  
\_\_\_\_\_

If approved, name of organization the cheque be made payable to? Receipts will be required.

\_\_\_\_\_  
\_\_\_\_\_

Successful applicants will provide a verbal or written report back to the committee regarding the use of the funds and how it impacted their lives.

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

Please mail or email completed form to  
Erin Palashniuk  
207 4441 76<sup>th</sup> Ave SE  
Calgary, Alberta T2C 2G8  
Phone: 403-681-2673  
info@calgaryfasd.com