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Application for Funding

Child's Name: _____

Age: _____

Address: _____

City/Postal Code: _____

Phone number: _____

Email: _____

Parent/Guardian Name(s): _____

Name of applicant (if different from Parent/Guardian): _____

Contact number you can be reached at: _____

Parent/Guardian aware of Application

Yes

(The Dawn Land Foundation will send a letter to family with outcome of application)

Nature/Details of Request? *(may attach additional information if required)*

Amount of Request: _____

Date Required: _____

Relevant health information to support funding request

Other funding options explored

Provide the following documentation with your application :

Quote from vendor (for equipment/supplies)

Medical/Health Care professionals letter outlining health issues related to the application

(*Health Care professional cannot be affiliated with the organization receiving the funding)

Signature of Applicant: _____

Date: _____