

Burns Lake Tragedy Fund Society Application for Aid

Name _____

Address _____

Telephone _____

Cell Phone _____

Were you an employee of Babine Forest Products? Yes _____ No _____

Were you injured or present the night of the disaster? _____

Are you single _____, Married _____, Number of dependants _____

Have you become unemployed due to the economic down turn resulting from the mill disaster?
Yes__ No__

Other _____

Are you, or have you received financial assistance from the other organizations?

Yes _____ No _____ If you are receiving assistance please let us know.

Employment Insurance: _____ How Much _____/per month

WCB: _____ How Much _____/per month

Any other income assistance: _____

Please describe how you plan to use the aid from the Burns Lake Tragedy Fund Society.

Please use additional pages if necessary.

Certification by Applicant

I certify that the information in this application is true and complete. I understand that a fraudulent representation or omission of any information requested is grounds for immediate refusal for aid from this fund.

I understand any grant from this fund is neither a right nor entitlement and the Burns Lake Tragedy Fund Society shall have sole discretion in determining whether I qualify for assistance. The aid requested may be reduced depending on the availability of funds.

Amount and type of aid requested: _____

Signed _____ Date _____