

**Rotary Club of**



**Grand Manan  
Island**

**Rotary Club of Grand Manan Island  
130 Route 776, Unit 5  
Grand Manan, N.B. E5G 4K9**

**RE: Rotary Club of Grand Manan Medic Assist program**

Dear Applicant:

Thank you for inquiring about the Medic Assist program of the Rotary Club of Grand Manan. Please find attached an application form. The Rotary Club of Grand Manan has set up a medical assistance fund to help Islanders with extraordinary medical costs not covered by conventional or other means.

The form needs to be filled out in full and mailed to **130 Route 776, Unit 5, Grand Manan, N.B. E5G 4K9** or emailed to Medic Assist Committee at **grandmananrotary@gmail.com**

The Medic Assist Committee, in it's discretion, can approve requests for financial assistance with major medical expenses, up to a maximum of \$1000.

Cheques will be issued to the institution or company supplying the service, rather than to the applicant or the recipient. For example, if a recipient requires a wheelchair, Rotary would issue the cheque to the company supplying the chair.

The Committee will respond to your request as soon as possible.

**APPLICATION FOR MEDICAL ASSIST FUNDING**

Date of Application \_\_\_\_\_

Name of Recipient \_\_\_\_\_ (who the money will assist)

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name of Applicant \_\_\_\_\_ (person submitting the application)

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Amount \$\$ requested? \_\_\_\_\_ Payable to: \_\_\_\_\_  
Address: \_\_\_\_\_

Please describe the type of expenses for which assistance is sought, and the medical reason for the need.

What other groups, government agencies or organizations have been asked for financial help with this need, and how much has been given? (If none, indicate why)

**For Committee Use Only:** Date reviewed: \_\_\_\_\_ Approved or Rejected  
Committee Members who reviewed the request:

Comments: