



# FINANCIAL AID REQUISITION

REQUISITION  
FINANCIAL AID

1st request  Other: # \_\_\_\_\_

## 1 • General information

Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Telephone (home): ( \_\_\_\_\_ ) \_\_\_\_\_ Other telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Status: Single  Married  Widowed  Divorced  Separated   
 Number of dependants: \_\_\_\_\_ Age of dependants: \_\_\_\_\_  
 Occupation or profession: \_\_\_\_\_ Employer: \_\_\_\_\_

## 2 • Contact person

Name: \_\_\_\_\_  
 Relationship with you: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

## 3 • Health status

Diagnostic : \_\_\_\_\_  
 Type de traitement: Chemotherapy  Radiotherapy  Surgery  Other : \_\_\_\_\_  
 Frequency of treatments : \_\_\_\_\_  
 Place of treatments: \_\_\_\_\_  
 Dates of treatments: \_\_\_\_\_

## 4 • Request specifications

Have you received or will you receive a financial aid from another source?: Yes  No   
 If yes, specify the source: \_\_\_\_\_  
 What kind of help: Transportation  Meals  Prosthesis  Other : \_\_\_\_\_  
 Period covered by this request: from: \_\_\_\_\_ to: \_\_\_\_\_  
 Accompanying adult: Yes  No

Financial Aid request	Number	Cost	Explanatory detail
1. Transportation			
2. Lodging			
3. Meal			
4. Other			

Other relevant information to support your financial aid request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

- Note:**
1. Your request must be accompanied by a written medical attestation for the overall of your medical visits or for each visit.
  2. Original receipts must be submitted with your request.
  3. Your request must cover a 6 month period or as soon as the treatment is completed.
  4. Please keep a copy of this document for your file.

**PLEASE RETURN YOUR REQUEST TO:**  
**Fondation Annette Cimon LeBel**  
 54, rue Amyot  
 Rivière-du-Loup (Québec)  
 G5R 3E9