



Nikkei Seniors  
Health Care &  
Housing Society

## Japanese Canadian Survivors Health & Wellness Fund

### Application – Underserved Individual

Provide as much detail as possible.

**Name of Survivor Applicant (and family name if you changed your given name):**

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**Name of Representative who is completing this on behalf of the Survivor (if applicable):**

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**Mailing Address:** \_\_\_\_\_

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**Phone Number:** \_\_\_\_\_

**Email Address (if applicable):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**During 1942 to April 1, 1949, where did you live? List locations.**

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**Select all that apply for underserved conditions.**

- frail
- facing financial hardship
- lacking connections with organizations
- living in a geographical area that is remote
- living in a geographical area that has very few survivors

**Describe the equipment, program, activity, or service that the funds will be used for. Estimate the cost of the items.**

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**Describe how the funds will be of a benefit in terms of health and wellness to the survivor.**

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**Amount requested (maximum \$750):** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

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**By applying for this Japanese Canadian Survivors Health and Wellness Fund (JCSHWF) grant, I agree that I have read and understand these Terms and Conditions and agree to abide by them.**

1. Nikkei Seniors Health Care and Housing Society's collection of any personal data in connection with the grant application will be for the purpose of supporting you in your application, administering the grant process, complying with legal requirements and acting in accordance with legal authorizations. The personal information may be shared with the National Association of Japanese Canadians' BC Redress Project if it is deemed important by Nikkei Seniors Health Care and Housing Society to convey information to benefit Japanese Canadian survivors. The personal information may also be shared with a service provider or subsequently formed society which provides management and/or administrative services in connection with the JCSHWF grant, grant funds, and related services and programs. Consent to release personal data may be withdrawn at any time.
2. The information contained in this application and the attachments are true, correct, and complete.
3. As a representative of the applicant, this application is made on behalf of the individual named above for their benefit.
4. The grant funds will be used only as specified in the approved grant application.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

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