

Helping Make



The Jean MacLean & Zillah Bragg Wish Fund Application Form

Is this a group wish? Yes No

Name of Recipient/Group _____

Name of Organization _____ Room# _____

Address _____

City _____ Postal Code _____

Phone Number _____ Email _____

Name of Nominator _____

Relationship to Recipient _____

Phone Number _____ Email _____

What is the wish? (Please be specific and include as much detail as possible.)

Why is the wish important to the nominee or group?

What has prevented the nominee/group from fulfilling this wish?

Budget Information (Limit \$1000) - Please provide (on separate sheet) an itemized estimate of costs required to fulfill the wish.

****Please note, if this wish is approved, your doctor and/or family's consent may be required****

Acknowledgement:

I acknowledge that the submission of this application does not constitute acceptance by the Northwood Foundation to fund a particular wish. Successful applicants will be contacted by the Northwood Foundation and agree to the release of information including name, wish granted, and accompanying pictures to the media.

By accepting the wish, I release both the Northwood Foundation and the John & Judy Bragg Foundation from any and all responsibility and/or liability as a result of helping the "wish" come true.

I certify that I meet the eligibility criteria and declare that all information in the application is true and complete to the best of my knowledge.

Resident/Decision Maker

Signature _____ Date _____

Nominator

Signature _____ Date _____

Please scan and email or mail applications to Debra Norman
15-130 Eileen Stubbs Ave
Dartmouth NS B3B 2C4
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