

**IDERA EMERGENCY GRANT 2011**  
**Criteria for receiving the Idera Emergency Grant:**

1. Applicant must be over 18 years old and a Sickle Cell Patient  
 OR if the patient is under 18, then the parent of sickle cell patient  
 OR family member of the sickle cell patient who is the primary care giver.
2. Must show proof of financial hardship.
3. Must show proof of having Sickle Cell Disease

**Note:** Idera Grant is a one-time grant of \$500/family.  
 Grant certificate/cheque will be presented during the Hope Gala & Awards 2012  
 Completed forms must be mailed to our office at 415 Oakdale RD. Suite 235. North York, ON  
 M3N 1W7 on/before March 1<sup>st</sup>; 2012  
 Successful applicants will be contacted on/before April 1<sup>st</sup>; 2012.  
 For more information: Leave a voice mail at (416) 745-4267 (Monday-Friday)  
 OR email us: info@sicklecellanemia.ca

<i>Application for "IDERA Emergency Grant"</i>		
Full Name:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth(yy/mm/dd)
Status in Canada		
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other
Contact information		
Mailing Address:		
E-mail Address:		
Phone Number:		
Explain in brief why you need the <b>IDERA Emergency Grant</b> (Attach more pages if needed)		
What will this grant be used for?		
Are you receiving any form of social assistance? If yes, Please specify		
Are you currently employed? <input type="checkbox"/> Part-time <input type="checkbox"/> Full time		
How many dependants do you have and how will this one time grant of \$500 help to alleviate your financial constraint? ( Attach a note if more space is needed)		
Signature of Applicant:		Date:

**IDERA EMERGENCY GRANT IS FUNDED BY JODAL HEALTH CARE INC  
 TO BE ADMINISTERED BY SICKLE CELL AWARENESS GROUP OF ONTARIO INC.  
 WWW.SICKLECELLANEMIA.CA**