

*KNIGHTS TEMPLAR CHARITABLE FOUNDATION OF CANADA*

Widows and Orphans or Distressed (Indigent) Persons

CLAIM FORM TO BE COMPLETED BY SPONSORING ORGANIZATION  
(Separate Form for each Claimant)

**STRICTLY CONFIDENTIAL WHEN COMPLETED**

It is essential that this Form be completed in full to permit the Foundation to make an informed judgment as to the need and to allocate the appropriate financial assistance from the funds set aside for this purpose. No consideration of requests for assistance will be made by the Foundation unless the sponsoring Organization indicates that it has provided some assistance, whether in kind or financial. Attach additional pages and any supporting reference material as required.

**Claims must be filed annually with prior claim history.**

Completed Claim to be mailed to:  
Mr. Kenneth Mielkie  
Secretary  
Knights Templar Charitable Foundation of Canada  
c/o 504 D'Marrocco Ct., Sarnia, Ontario, N7V 0A1

1. Date of Claim:
2. Sponsoring Organization:
3. Contact Person:  
Mailing address:  
Email address:
4. Name and age of Claimant(s):  
Widow \_\_\_\_\_  
Orphan(s) \_\_\_\_\_  
Distressed Person \_\_\_\_\_
5. Address(es) of Claimants:
6. Explain the claimants' need(s):
7. Claimants' Total Annual Income from all sources?  
(Pensions, Old age and Canada pension, Income Supplements, Welfare, ETC.)
8. Claimants' Total Annual Expenses (all kinds)?  
(Specify any Claimants special expenses not supplemented by other means)
9. Total Assets (Net of Debt)
10. What financial assistance on an annual basis is required and/or suggested?

11. Is it likely that financial assistance will be required from the Foundation in future years?
12. What assistance has claimant received from the sponsoring Organization (financial and in kind), and when?
13. What assistance is the Organization likely to consider for the future if this is a multi-year (ongoing) need?
14. What assistance has claimant received from other sources? Explain if this assistance is one-time or multi-year.

PART A - Family

Explain assistance provided by other family members in general terms.

PART B - Other

- Charitable Organizations
- Service Club
- Church
- Government Agencies
- Other

15. Has the claimant received emergency financial assistance from the Foundation prior to this claim?

If so, how much and when. \_\_\_\_\_

***If the exact information to any question is not known or available, please provide an informed estimate. Where the information provided has been estimated please note it as such.***

We certify that the information provided to be accurate to the best of our knowledge.

\_\_\_\_\_  
Authorized Signature of Sponsor Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date