



# 4BOYS FUND

## 4BOYS FUND GRANT APPLICATION

(Commencement October 1, 2016, updated & effective March 27, 2026)

### GRANT APPLICATION REQUIREMENTS

*Intention: The 4Boys Fund is in memory of 4 AARC graduate boys who passed away in 2014/2015. It is intended to provide financial support to any AARC graduate requiring additional funding for specialized addiction and/or mental health treatment. Further, to provide funding for grief counselling for any member of the immediate family of the AARC graduate as necessary, up to maximums as noted below. The 4 boys, whom this fund is named after, would be very proud to lend support in this fashion.*

#### Structure:

- Inquiries can be made through [4boysfund@aacr.ab.ca](mailto:4boysfund@aacr.ab.ca).
- Annual budget is set annually on each January. Fiscal year is January 1 to December 31.
- An AARC graduate may receive a one-time lifetime grant of up to \$1,000.00 for the fiscal year that the grant is approved for reimbursement of services from a qualified practitioner or therapist. Alternatively, all or part of this grant money up to \$1,000.00 is available for a graduated family who requires grief counselling for the fiscal year that the one-time lifetime grant is approved.
- A completed and signed grant application is required to access funds. The application must be supported by a qualified practitioner or therapist, confirming that the applicant would benefit from the services requested in the application (see *Practitioner Certification*).
- Approval of funding will be made by a 4Boys Fund representative. Applications will be reviewed by the end of the month in which they are received.
- Reimbursement is for professional services provided will be made to the AARC graduate and/or graduate family only.
- Reimbursement will occur upon presentation of the Mental Health Treatment Claim form, the official receipts from a practitioner or therapist showing the name of the AARC graduate and/or graduate family member(s), date of services, type of service received, name and address of practitioner or therapist, invoice amount, amount paid by an insurance company or third party and the amount charged to the AARC graduate. You can find the Mental Health Treatment Claim form on the AARC website with the Grant Application form.
- Reimbursement, in whole or in part, occurs monthly via E-transfer up to the approved grant amount.
- Applicants must be approved for the grant prior to incurring professional services that this grant is to be applied to.

#### Applicants:

- For AARC graduates (or family grief counseling for immediate family of graduate). Grants shall be for services for addiction and/or mental health treatment.
- For recent grads with an official AARC exit plan, services should attempt to follow recommendations in the exit plan.

### AARC Graduate Information

Applicant Name and AARC Graduate #:	Date:
AARC Graduate #:	Email Address for E-Transfer to be made to:
Address (including postal code)	Telephone Number:



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## Intent of Services

(Applicant to briefly describe the intent of services)

## Practitioner Certification

I confirm that the above applicant would benefit by the above-described mental health services (see Intent of Services).

Practitioner Name and Qualifications: \_\_\_\_\_

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

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

## Consent

The information provided in this application shall be used by the 4Boys Fund parent group and the AARC clinical team only for purposes of assessing the application. The information presented in support of reimbursement for services provided by a practitioner will be used by the 4Boys Fund parent group and the AARC clinical team only for the purposes of assessing requests for reimbursement and for making such reimbursements. We will destroy all information provided as soon as possible upon completion of reimbursement for the services requested in this application (or after assessment of your application, if unsuccessful).

Applicant Name: \_\_\_\_\_

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

## For Office Use Only

Date Received:	Date Awarded:
Approved By (print name(s)): _____	Approved By: (signature(s)): _____
Notes:	Notes: