

By the last will and testament of Clara M. Ormiston, a trust was established to make funds available for the diagnosis and treatment of cancer for residents of Montezuma and Dolores Counties, Colorado. These funds will be available but limited to those who are financially unable to pay for their own care and treatment. The respective Board of County Commissioners is empowered to use said funds for the diagnosis, treatment and incidental care once approved by one practicing physician in Colorado, and by the Welfare Director of the respective county department of social services.

**Clara M. Ormiston Fund Application**

**Instructions:** This form will be used to determine whether you are eligible for financial assistance. A decision on your application cannot be made until you have answered the questions completely. You may ask for assistance from relatives, friends or others for completion of this form.

1. Full Name of Applicant:

\_\_\_\_\_

First                      Middle                      Last

2. Address: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

I Am Applying Because: ( Please explain need for financial assistance )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we intend to remain in Dolores County      Yes \_\_\_\_      No \_\_\_\_

**PLEASE NOTE:** THE BOARD of COUNTY COMMISSIONERS RESERVES THE RIGHT TO FURTHER INQUIRE OF YOUR FINANCIAL CIRCUMSTANCES FOR THE PURPOSE OF APPROVING OR NOT APPROVING THIS APPLICATION

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

Expenditure Approved      Yes \_\_\_\_ NO \_\_\_\_

\_\_\_\_\_ Director      Date: \_\_\_\_\_  
Dolores County Department of Social Services

\_\_\_\_\_ Date: \_\_\_\_\_  
Chairman, BOCC

