

## Lucy Fund

Bernese Mountain Dog Club



of the Greater Twin Cities

*The Lucy Fund was established in the memory of Lucy Strohm/Boda, who passed away after a long, brave battle with cancer. The purpose of the fund is to provide financial help to any full BMDCGTC members in good standing who is faced with extraordinary costs for unexpected care of their Bernese Mountain Dog.*

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### Lucy Fund Application Guidelines

<i>Who is eligible?</i>	Any full BMDCGTC member in good standing as defined by the club's by-laws.
<i>Financial Assistance</i>	One-time financial assistance is available up to \$1,000 per dog.
<i>Expenses covered:</i>	Assistance will cover disease or injury. It is not for routine medical costs such as spaying, yearly check-ups, vaccinations, etc. Costs of care must exceed \$2,000.
<i>Applications</i>	Applications will be reviewed and acted upon by a volunteer committee of BMDCGTC club members. Applications will be considered in the order in which they are received. If two applications are received at the same time and both are deemed meritorious, the available funds will be divided equally among the applicants.

*Lucy Fund Application*  
*(to be completed by applicant)*

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

Name of Dog: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

BMDCGTC Club Member since: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Description of disease or injury (please attach an additional sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

*NOTE:* Please attach an itemized proof of expenses to your application,  
including name of attending veterinarian.

Amount Requested (not to exceed \$1,000): \_\_\_\_\_

Signature(s) of applicants:

\_\_\_\_\_

\_\_\_\_\_

Please mail completed applications to:

Shelley Strohm  
7738 St. Helena Highway  
Napa, CA 94558

*Applicants will be notified via mail as to the status of their application after  
review by the Lucy Fund Committee*

The information below is for the approval committee use only.

Date of Review: \_\_\_\_\_

Committee Members: \_\_\_\_\_

Award Amount: \_\_\_\_\_

Check sent (date): \_\_\_\_\_

Request Denied/Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*In the event that one of the committee members is requesting money, an alternate member will replace that person for purposes of application review and approval/denial.*