



**HUMBOLDT AREA
FOUNDATION**

“Davey” Somerville Fund For Children’s Medical Travel

David and Gabriel Somerville established the “Davey” Somerville Revolving Travel Fund to help families from Humboldt County to travel outside the area for children’s medical treatment. The Fund was named in memory of their son Davey who passed away at the age of 10 from a very rare cancer of the adrenal system. The family spent a lot of time going back and forth to San Francisco for treatment. They recognized that travel costs are often a big burden for families that have a child with serious medical needs and established this fund to assist in easing some of those expenses.

Applications should include a note from the child’s doctor that indicates the date of the appointment; the name, phone number and location of the hospital or clinic; the doctor that the child will be seeing, *medical condition for which travel is required, and purpose of appointment.*

Please indicate if the child and family are connected with the services of the American Cancer Society or California Children’s Services. Also indicate if the child has applied for assistance through the Union Labor Health Foundation Angel Fund.

Questions about obtaining applications, the application process, or release of funds should be directed to the Grants Department at Humboldt Area Foundation—(707) 442-2993 or grants@hafoundation.org .



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Somerville Fund For Children's Medical Travel

Recommendation for funds on behalf of an individual. All information provided will remain confidential. Please attach a note from child's doctor on letterhead or prescription pad that describes the medical condition for which travel is required, clinic or hospital where child will receive treatment, and date and purpose of appointment.

Requested by (Service Provider):		Date:	
Position/Job Title:			
Agency:			
Mailing Address:			
Phone:		Fax:	

REQUEST

Child's Name:		Age & Date of Birth:	
Parent's/Guardian's Name:			
Address:			
Phone:			
Date of Appointment:			
Is family receiving services through American Cancer Society for this trip? (Please explain):			
Is family receiving services through California Children's Services? (Please explain):			
Has family applied for travel assistance through Union Labor Health Foundation's Angel Fund? If so, when?:			

Amount Requested:		Payee Social Security Number:	
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Forward request to:

**Humboldt Area Foundation
Fax: 707-442-9072
Phone: 707-442-2993**

or mail to:

**363 Indianola Rd
Bayside, CA 95524
Email: grants@hafoundation.org**

Please do not write below this line. For Office use only.

Dates of Funds Provided Previously: _____	
Program Officer: _____	Send to: _____
Action: _____ Review Date: _____	
Amount: _____	Profile #: _____
Check to: Name: _____	Grant #: _____
Add: _____	Batch #: _____



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