



**Faculty Staff Emergency Assistance Fund**

**CONFIDENTIAL APPLICATION**

Use this form to apply for funds from the Faculty Staff Emergency Assistance Fund. Please send the completed application to the Vice President for Administration and Finance in GUN 153. Individuals or parties interested in making request must submit appropriate documentation.

Date \_\_\_\_\_

Fund request for (name) \_\_\_\_\_

Proposed recipient's HVCC ID# or SSN \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_

Amount requested (maximum request not to exceed \$1,000): \_\_\_\_\_

This form is being completed by (name): \_\_\_\_\_

Description of circumstances (please attach additional documentation if appropriate):

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**For Foundation Use Only**

**Action Recommended**

\_\_\_\_\_

**VP for Administration and Finance Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Foundation President's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_