



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 Chief Financial Officer in ADM 280. 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):

For Foundation Use Only

Action Recommended

VP for Administration and Finance Signature_____ **Date**_____

Foundation Executive Director's Signature _____ **Date**_____