

Staff Emergency Relief Fund Application

If needed, a staff person from the Human Resources Division can provide assistance in completing this application to ensure all necessary information is included.

Emplid (Employee ID) _____ Date _____

Employee Name _____

Job Title _____

Campus Address _____

Campus/Work Phone _____ Email Address _____

Department Name _____

If employee is unable to complete the form, please provide the following:

Name of Person Completing the Form _____

Relationship to the Applicant _____ Phone _____

Current Contact Information for Applicant

Street Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Mobile _____

**Staff Emergency Relief Fund
Grant Application**

Total Amount Requested (\$200 min. / \$1,500 max.) _____

Have you (employee) been a recipient of the grant in the past? Yes No If yes, when? _____

Have you (employee) applied for the grant in the past? Yes No If yes, when? _____

Short description of Need

Describe how receiving this grant will help stabilize your situation.

Applicant must provide documentation that he or she has investigated other means. What actions have been taken to find other sources of funding or support? (Attach other pages or documents, as needed)

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Is the grant being used to pay a specific debt(s)? Yes No If yes, please provide copies of due statements for each amount.

If approved, how would you like to receive the check? Pick up check from HR (AC-226) Direct Deposit

Are you willing to speak or write publicly about being a recipient of money from the fund, either anonymously or not? (A representative of the Committee may contact you to discuss later) Yes Yes, anonymously No

I certify that the information provided on this application is complete and accurate and that my financial hardship is genuine.

I understand that I could be required to repay any monies awarded and be subject to disciplinary action up to and including termination if it is determined that my application was later found to be untruthful.

I understand that amount is subject to applicable withholding for federal, state and local taxes and applicable employment taxes.

I understand that I am required to write a brief summary of how the grant has helped me through my temporary financial hardship. This confidential document will only be seen by the Executive Committee unless I provide permission otherwise.

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Employee Signature _____ **Date** _____

**Signature of Person
Completing the Form** _____ **Date** _____