

**Request For Financial Assistance**

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

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Department/ Job Title: \_\_\_\_\_ Current Job Status (e.g. active, short term disability, FMLA): \_\_\_\_\_

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

Please describe the situation causing your need for financial assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe personal or other financial resources available to meet this need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what purpose would you use the requested assistance? (Please explain amount on a monthly basis & include dates and payees): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Total amount requested:* \$ \_\_\_\_\_ *Signature:* \_\_\_\_\_

<b>FOR BOARD USE ONLY—</b>				
Request Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Deferred	Amount Approved: \$ _____
	<i>Signature</i>			<i>Date</i>
	<i>Signature</i>			<i>Date</i>