

Colleague Emergency Assistance Fund

Confidential Application Please Print

Name _____

Address _____

Colleague ID number _____ Work Unit _____

Phone (work extension) _____ Home _____

Manager's Name _____ Extension _____

Amount Requested: _____

Please describe why this is an Emergency:

What other resources have you attempted to utilize?

Please attach any documentation related to this circumstance such as a bill, notice, estimate of expense, etc. from the creditor or vendor of the service needed.

I have read and understand the guidelines regarding the Colleague Emergency Assistance Program, and certify that this information is truthful. I also authorize the Colleague Emergency Assistance Program to contact my manager and verify my employment standing

Signature: _____ Date: _____