



Amount Required: \_\_\_\_\_ Reason For Request: \_\_\_\_\_

Have You Previously Received Assistance From The HSAS Emergency Fund?  Yes  No

If Yes, Please List Amounts And Dates Received:

1. _____	_____	2. _____	_____
Amount	Date Received	Amount	Date Received
3. _____	_____	4. _____	_____
Amount	Date Received	Amount	Date Received

*I Certify That The Above Information Is True And Correct. I Hereby Authorize The Emergency Fund Committee To Validate Any Of The Aforementioned Information If Required.*

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

### Section III—Emergency Fund Committee Use Only

Comments: \_\_\_\_\_

Amount Recommended: \_\_\_\_\_ To Be Granted: \_\_\_\_\_ Funds Denied:

\_\_\_\_\_  
Designated Signing Authority (Executive Officer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

### APPLICATION GUIDELINES

1. The purpose of the Emergency Fund is to provide members with monetary assistance in the form of a non-repayable grant when an unusual circumstance arises in which they need financial assistance on a one-time basis. Applications for assistance where the need is of an ongoing or recurring nature will not be approved.
2. An unusual circumstance would include such matters as: personal health; personal emergencies; and destruction by fire or other acts of nature.
3. Each application is considered on its own merit.
4. Required Documentation:  
Application Forms: Only an original application form will be accepted.  
No faxes will be accepted.
5. Assistance up to \$500.00 will be considered.
6. All Health Sciences Association Members, regardless of employment status, are eligible for assistance provided they have been a member in good standing for six (6) months or longer.
7. Application forms can be obtained from the Saskatoon HSAS office.

**CONFIDENTIALITY NOTICE:** The personal information collected in connection with this application will be treated as strictly confidential and will only be shared with the HSAS Emergency Fund Committee and when required, the HSAS Executive Council, to comply with any legal requirements.