



# EMERGENCY FUND

**#42 - 1736 Quebec Avenue**  
**Saskatoon, SK S7K 1V9**  
 Phone: (306) 955-3399  
 Toll-Free: 1-888-565-3399  
 Fax: (306) 955-3396

Please read the guidelines on the reverse of this form carefully before filling out your application. If you have any questions about the application form, please call the Saskatoon office for assistance. Completed applications should be sent to the Saskatoon HSAS office to the attention of the HSAS Emergency Fund Committee.

**PLEASE PRINT**

## Section I - Member Information

Name Of Member: \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
Street/Box No. City/Town Postal Code

Telephone: \_\_\_\_\_  
Home Work

Date Employment Commenced: \_\_\_\_\_ Health Care Facility: \_\_\_\_\_

Department/Section: \_\_\_\_\_ Profession: \_\_\_\_\_

Employment Status:  Permanent Full-Time  Temporary Full-Time  Permanent Part-Time  Temporary Part-Time  Job Share  Casual

Marital Status:  Single  Married  Separated  Divorced

Spouse's Name: \_\_\_\_\_ How Long Has Spouse Been Employed At Current Position: \_\_\_\_\_

Dependent(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name Age Name Age

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Name Age Name Age

Do You Have Insurance?  Fire  Life  Accident  Blue Cross  
 Other (Please Specify): \_\_\_\_\_

## Section II - Financial Information

ASSETS	INCOME (Monthly)	EXPENSES (Monthly)
Cash On Hand _____	Your Net Earnings _____	Food _____
Money In Bank _____	Spouse's Net Earnings _____	Rent _____
Property _____	Child Tax Credit _____	Mortgage (PIT) _____
Vehicle(s) _____	Disability Insurance _____	Utilities _____
	Workers' Compensation _____	Car Expenses _____
	Other (Specify) _____	Other (Specify) _____
	Other (Specify) _____	Other (Specify) _____
	<b>TOTAL:</b> _____	<b>TOTAL:</b> _____

(Continued)

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:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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. The Executive Council will determine eligibility and its decision will be final and binding.
3. Each application is considered on its own merit.
4. Assistance up to \$500.00 will be considered. The method of payment, (i.e.) lump sum, installments, etc., and the provision of receipts shall be determined by Executive Council.
5. 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.
6. 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 the HSAS Executive Council to the extent necessary to evaluate and process the application or to comply with any legal requirement.