

ESA INTERNATIONAL COUNCIL DISASTER FUND APPLICATION

Address Email Member of Chapter Name Number City/State Member's Pledge Date and Present Status Explain Nature of Destruction/Damage to Home/Explain Nature of Destruction/Damage to Personal Items/Explain Serious Accident and/or Catastrophic Illness Before filling out this claim be sure to look at the qualify guidelines,
Member of Chapter Name Number City/State Member's Pledge Date and Present Status Explain Nature of Destruction/Damage to Home/Explain Nature of Destruction/Damage to Personal Items/Explain Serious Accident and/or Catastrophic Illness Before filling out this claim be sure to look at the
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Is additional material included to back up the nature of the damage, destruction, serious accident/medical
and/or medical files? YES NO (Prior to approval, the Committee will require information to determine the claim.)
Total \$ Amount of Destruction and/or Medical Expense
Total \$ Amount of Disaster Fund Assistance Requested
Prior Assistance from Disaster Fund? YES NO
If YES, Indicate Amount Received Date Nature of Claim

NOTE: ALL ABOVE INFORMATION IS REQUIRED AND MUST BE COMPLETED - Additional information can be attached to this application. Send original application to the ESA IC Disaster Fund Chair, who will confer with the IC President and IC 1st Vice President (Application/additional material may also be emailed to the IC Disaster Fund Chair)

IC Disaster Fund Chair only Date Received ____ Amount Paid ____ Date ___ Initial ____