EPSILON SIGMA ALPHA

INTERNATIONAL COUNCIL DISASTER FUND APPLICATION

Date_____Name_____Spouse_____

Address_____City/State/Zip_____

Phone_____Email_____

Member of - Chapter Name_____ Number_____ City/State_____

Members 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**)_____

_____

_____

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_____

Have you included additional material to back up the nature of damage, destruction, serious accident/medical and/or medical files? Yes _____ No _____ (**Committee will require information prior to approval 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 or No_____

If Yes, Indicate Amount Received_____Date_____Nature of Claim_____

_____

Submitted by:

Chapter President's Signature_____Date_____

Address_____

City/State/Zip_____

Phone_____Email_____

Note: if claim applicant is chapter president then vice president should sign.

Note: State Disaster Fund Chair hereby approves this application. My signature on this application indicates that I have reviewed this application and find it to be a valid claim according to IC Disaster Fund Guidelines

Approved by:

State Disaster Fund Chair Signature_____Date_____

Address_____

City/State/Zip_____

Phone_____Email_____

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NOTE: ALL ABOVE INFORMATION IS REQUIRED AND MUST BE COMPLETED - Additional information can be attached to this application. Send original application & one (1) copy to the State Disaster Fund Chair. State Disaster Fund chair will send original application to the IC Disaster Fund Chair, who will distribute copies to IC President and IC 1st Vice President. **Important**: State Disaster Fund Chair should retain the copy for the state files. In the event there isn't a state council, application should be sent directly to IC Disaster Fund Chair. **(Application/additional material may also be emailed to the IC Disaster Fund Chair)**

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IC Disaster Fund Chair only

Date Received:_____Amount Paid:_____Date_____Initial:_____ **Revised: August 2018**