



# EMERGENCY FUND

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

The guidelines listed on the reverse of this form will be used as part of the process for the approval and acceptance of all applications. Please read them carefully before filling out and submitting your application. 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: <input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Permanent Part-Time <input type="checkbox"/> Temporary Part-Time <input type="checkbox"/> Job Share <input type="checkbox"/> Casual			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Spouse's Name: _____		How Long Has Spouse Been Employed At Current Position: _____	
Dependent(s): 1. _____		2. _____	
Name		Name	
Age		Age	
3. _____		4. _____	
Name		Name	
Age		Age	
Do You Have Insurance? <input type="checkbox"/> Fire <input type="checkbox"/> Life <input type="checkbox"/> Accident <input type="checkbox"/> Blue Cross			
<input type="checkbox"/> 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:

\_\_\_\_\_  
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. Financial assistance will be provided one time only. 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.