



Applicant Name:		Date:	
Requesting Funds For:		Recipient's Job Title:	
Recipient's Department:		Recipient's Length of Employment:	
Amount Requested:			
When are the funds needed?:			
What will the funds be used for?:			

Describe your reason for requesting emergency assistance it on behalf of a co-worker. Please explain how this hardship is impacting their basic life necessities (i.e., food, clothing, shelter, transportation, medical care, etc.). Include any documentation available to support your request and explanation:

For the purpose of obtaining the herein requested assistance from the Fund, the undersigned warrants the truth and accuracy of the foregoing information. I also agree that this confidential application shall remain the property of the Fund whether or not assistance is granted.

Applicant Name (Print)

Applicant Name (Sign)

Date

In an effort to better serve AMS employees in the future, all applicants will be asked to complete a brief survey within ninety (90) days of receiving assistance. Your response will remain confidential and will only be shared with The Committee and CEO.