

## Shield Foundation Employee Assistance Fund Application

Name \_\_\_\_\_ Last First Middle Date \_\_\_\_\_

Address \_\_\_\_\_

Number & Street Apt # City State Zip Code

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Reason assistance is needed (please explain in detail):** \_\_\_\_\_

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Date Required \_\_\_\_\_ Amount Requested: \_\_\_\_\_

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Foundation Approval:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Grant Dispersed:** \_\_\_\_\_ **Date** \_\_\_\_\_