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EMERGENCY FUND APPLICATION

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 HSAS.

PLEASE PRINT CLEARLY

Section I - Member Information
Name of Member: Last First Initial
Address: Street/ Box No. City/Town Postal Code
Telephone: Non-Work
Non-Work Email: Union Region #:
Date Employment Commenced: Health Care Facility:
Department/Section: Profession:
Employment Status: Permanent Full-Time Temporary Full-Time Permanent Part-Time Temporary Part-Time Casual
Marital Status: Single Married Separated Divorced
Spouse Name:
Dependents: 1. Name Age 2. Name Age 3. Name Age 4. Name Age

Section II
Describe the situation you have experienced:
Describe any insurance or support you are accessing:

**Section II - 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. \_\_\_\_\_  
Amount Date Received

2. \_\_\_\_\_  
Amount Date Received

3. \_\_\_\_\_  
Amount Date Received

4. \_\_\_\_\_  
Amount Date Received

**Section III – Member Authorization**

*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 Signature

\_\_\_\_\_  
Date

**Section IV – Emergency Fund Committee Use Only**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Recommended: \$ \_\_\_\_\_ Amount to be Granted: \$ \_\_\_\_\_ Funds Denied:

\_\_\_\_\_  
Manager of Finance and Operations

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

## EMERGENCY FUND 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 emergencies; and destruction of property by fire or other acts of nature. Personal emergencies are defined as personal effects/personal harm due to acts of violence, domestic violence or family protection needs.
3. Each application is considered on its own merit.
4. Required Documentation:
  - Application Forms: Only an original application form, or a scanned PDF sent to: [hsasstoontoon@hsas.ca](mailto:hsasstoontoon@hsas.ca), will be accepted
  - No Faxed copies will be accepted.
5. Assistance up to \$500.00 will be considered. All decisions made are final and binding.
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 or the HSAS website, [www.hsas.ca](http://www.hsas.ca).

**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 Finance Committee and when required, the HSAS Executive Council, to comply with any legal requirements.