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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 the President. Health related circumstances will not be considered. Legal fees or reimbursements for dependents will not be considered.

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: _____ Worksite: _____

Department/Section: _____ Profession: _____

Employment Status: _____

Section II

Describe the situation you have experienced: _____

Describe any insurance or support you are accessing: _____

Section II - Continued

Amount Required: \$ _____

Reason for Request:

Section III – Member Authorization

I certify that the above information is true and correct. I hereby authorize the Finance Committee to validate any of the aforementioned information, if required.

Member Signature

Date

Section IV – Finance 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 per unusual circumstances. 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; unexpected health related expenses (such as travel costs to attend treatment or medical appointments, equipment purchases, changes in or new medical conditions that precipitate loss of income, 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. Legal fees or reimbursements for dependents will not be considered.
3. Each application is considered on its own merit. Applications are reviewed by the President, Treasurer and Board of Governors (BOG). Additional information may be required.
4. Required Documentation:
 - Application Forms: Send a scanned PDF of the application form to: **president@hsas.ca** or an original application form to the President by mail or in person.
 - No Faxed copies will be accepted.
5. Members can receive funds up to \$500.00 per fiscal year (September 1 - August 31).
6. All decisions made are final and binding.
7. All Health Sciences Association Members, regardless of employment status, are eligible for assistance provided they are an active member.
8. Application forms can be obtained from the Saskatoon HSAS office or the HSAS website **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.