

## A&S Employee Emergency Support Fund Application

All personally identifying information will be removed before the application is forwarded to the selection committee. Completed application materials will be retained in the College of Arts and Sciences Human Resources Office. Please ensure your application is complete by filling out each field. Please submit your completed application and supporting documentation via email to [artscier@ucmail.uc.edu](mailto:artscier@ucmail.uc.edu).

_____ Name	_____ M Number	
_____ Unit/Department	Part-time benefits eligible employee <input type="checkbox"/>	
	Full-time benefits eligible employee <input type="checkbox"/>	
_____ Home street address	_____ City	_____ Zip code
_____ Phone	_____ Alternate phone	Is it ok to leave a message Yes <input type="checkbox"/> No <input type="checkbox"/>

By submitting this form, you agree to and/or certify the following:

- The University will take reasonable measures to protect my privacy. However, I understand that my anonymity cannot be guaranteed.
- Funds may not be available at this time, and my application submission does not guarantee an approval of funds.
- I have provided supporting documentation and agree to provide additional information that may be requested by the Fund Review Committee.
- The information provided on this application is complete and accurate, and my financial hardship is genuine.
- All supporting documents that I provide are valid and accurate.
- All money received from the A&S Employee Emergency Support Fund is taxable income.
- I will apply all money received from the A&S Employee Emergency Support Fund toward debts related to the hardship described in this application.

_____ Signature	_____ Date
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**In cases where applicant required assistance to complete/submit form please list the name of the person completing this form.**

_____ Name	_____ Relationship	_____ Phone
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