

APPLICATION FOR BENEVOLENCE FUND MONIES

The Benevolence Fund is funded entirely by donations from WSU employees for the sole purpose of providing financial help to fellow employees in time of critical need. Employees in good standing with contracts of .75 FTE or greater who have experienced a catastrophic event may fill out a request form stating their need, and include pertinent information regarding other personal resources. One employee may act as an advocate for another in initiating the process.

The VSL/Benevolence Fund committee will review the information and determine the level of assistance. Maximum possible award will be \$2,000.00 or 25% of available funds, whichever is less. An employee may only receive assistance one time within a two-year period and the monies will be paid directly to the source, not the employee (i.e., to the hospital).

Name: _____ Phone: _____

Dept./Supervisor: _____

Service Date: _____ FTE: _____

To help us determine need and coordinate effort, please explain the circumstances and include details about what other resources may be available to you. Please attach proof of need and/or invoice.

Signature _____ Date _____

Submit documents to Human Resources, MA 111, MC 1016.

Committee use only: Application approved Yes ___ No ___

If not approved, reason _____
