SASSL Survivor Emergency Fund
Request Form

Date: __________________________

Name: _____________________________________

Phone: ( ) -

Email: _______________ @ _____________

Student Number Or Affiliation with York:__________________________________________

How did you learn of SASSL’s Survivor Emergency Fund? ____________________________

Reason for Request (you may wish to explain how your experiences have affected you financially):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Number of Dependents (e.g. children, spouse, parents):_______

Amount Requested: $________

Breakdown of use:

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<thead>
<tr>
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<tbody>
<tr>
<td>Housing/shelter expenses</td>
<td>$_____</td>
<td>Food, groceries</td>
<td>$_____</td>
</tr>
<tr>
<td>Medical expenses</td>
<td>$_____</td>
<td>Tuition/education expenses</td>
<td>$_____</td>
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<tr>
<td>Transportation expenses</td>
<td>$_____</td>
<td>Legal expenses</td>
<td>$_____</td>
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<tr>
<td>Childcare</td>
<td>$_____</td>
<td>Counselling expenses</td>
<td>$_____</td>
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<td>Other (please specify)</td>
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Have you accessed any other services or resources? If so, please outline:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Would you be interested in learning about other resources that pertain to your situation?
☐ Yes    ☐ No

In order to determine any additional funding opportunities, do you feel comfortable with SASSL sharing your information with other supportive organizations?
☐ Yes    ☐ No

Applicant's Signature: __________________

Staff Signature: __________________________________________

Thank you very much for sharing this information with us, please note that everything disclosed will be kept absolutely confidential. We will contact you within 24 hours with a response to your request.
_____________________________________________________________________________________ 

OFFICE USE:

APPROVED FOR: $________________________

DATE APPROVED: __________________

CHEQUE NUMBER: ________________

REASON FOR APPROVAL:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

COORDINATOR SIGNATURES:

1.

2.
SASSL Survivor Emergency Fund Request Form

3.