



Financial Hardship Grant Application

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|----------------|--------------|------------|--|
| Name: _____ | | | |
| Address: _____ | | | |
| City: _____ | State: _____ | Zip: _____ | |
| Phone: _____ | email: _____ | | |

1. How long have you been a member of CPSA? _____ Of DC201?

2. Please indicate what type of financial hardship you're experiencing (check all that apply):
 job loss or furlough unable to work due to illness other (please briefly explain)

3. If your application is approved, how do you plan on staying involved with the chapter?

All applications will be kept confidential. Please note: grant applications must be approved by the board. Grant applications will be reviewed and approved by the chapter board and will be kept strictly confidential. Upon approval, national dues will be covered. If the applicant is still experiencing financial hardship after one year, he or she must reapply for the grant.