



APPLICATION FORM

Name: _____

Phone: (home) _____ (work) _____ (cell) _____

Address: _____

Email: _____

Campus/Department: _____

Immediate Supervisor: _____

Position: Teacher Administrator Paraprofessional Other _____

Enrolled in AISD medical plan (if applicable) _____

Date application completed: _____

1. Please describe in detail the reason for the request and the crisis situation that has occurred. What is the event that makes this an urgent need?

2. Please state the specific financial amount that you are requesting.

Note: The fund is not established to handle all expenses related to an emergency situation. It is more intended for short term financial assistance in areas where you have fallen behind.

3. Please attach documentation or bills for which assistance is being requested.
For example: statements for mortgage/rent, car utilities and/or bills.
Note: *You may be asked to submit additional documentation pertaining to your crisis.*

4. Will insurance cover any part of this emergency situation?

5. Have you contacted any community resources and what did they recommend and/or provide?

6. Have you applied for funds from the Crisis Fund previously? If yes, please state month and year. Were you granted the funds requested?

7. Is there a possibility that you will be able to repay any or all of the assistance made available to you by the Crisis Fund?

Incomplete applications and applications that are not notarized will not be considered for funding and returned.

Complete the following monthly budget and attach copies of financial bills. Please include any additional information in the space below that you believe may be beneficial to the committee in reaching a decision regarding your request.

Types of Income	Amount	Explanation
Employee Salary		
Spouse Salary (if applicable)		
Investment Income		
Savings		
Other:		
TOTAL MONTHLY INCOME		
Types of Expenses	Amount	Explanation
Housing		
Insurance (House, Auto, Medical and other)		
Auto Payments		
Credit Cards/Consumer loans		
Utilities (Water, gas, Electric and other)		
Childcare		
Food		
Satellite/Cable		
Telephone		
Gasoline		
Medical		
Clothing		
Entertainment		
Savings/Retirement Funding		
Other:		
Other:		
TOTAL MONTHLY EXPENSES		

Applications that are not notarized will be returned

The preceding information is true and accurate to the best of my knowledge and is a fair and accurate statement of my current financial situation. Additionally, I understand that by signing this application, I am certifying that I am an active employee with Aledo ISD in good standing.

Employee Signature: _____ **Date:** _____

This document was acknowledged before me on the ____ day of _____, 2018, by _____, an employee of the Aledo Independent School District.

Notary Public, State of Texas