



NHSRA CRISIS FUND

DATE: _____

NHSRA MEMBERSHIP #: _____

ARE YOU OR THE PERSON ON WHOSE BEHALF YOU
ARE APPLYING A MEMBER OF THE NHSRA
IN GOOD STANDING?

YES: _____ NO: _____

APPLICATION FOR HUMANITARIAN AID

Humanitarian assistance is intended to save lives, alleviate suffering and maintain human dignity during and after man-made crises and natural disasters. Each case will be reviewed to determine eligibility of the program. In order to qualify for this membership benefit:

- NHSRA member must be in good standing
- Event must have caused a major hardship or must be life-altering
- Event must have been caused by a natural disaster or a major crisis

Full name of the NHSRA member: _____

Member's Date of Birth: _____ High School: _____ Junior High: _____

Address: _____ City: _____

State/ Province: _____ Zip: _____ Country: _____

Email Address: _____ Phone #: _____

Name of person filing application: _____

Relationship to member: _____

REASON FOR REQUESTING ASSISTANCE

Natural Disaster Major Crisis

Please explain in detail the reason you are applying for humanitarian assistance: Please be specific.

Amount of requested assistance: \$ _____

INCIDENT INFORMATION

Location where occurred (please list city, state, location):

Describe how the money will be used: _____
