



Athabasca University Faculty Association

Member Emergency Fund

Application form

Email completed application to aufahq@aufa.ca. Response time is estimated to be within five (5) business days of submission and AUFA's receipt of the completed application. For more information on eligibility, please refer to the AUFA Member Emergency Fund Policy.

Personal Information

Name:	
Mailing Address:	
Non-AU Email Address:	
Non-AU Phone Number:	
Date of Application:	

Financial Information

Amount Requested (maximum \$2000 per annum):	
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Description of Personal Circumstances

Please briefly state the reason for your application. Please include relevant information on your ability to repay the loan within the six (6) month timeframe from the date of issuance. You may add pages as necessary including supporting documents.



I hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application. If my application is successful, I acknowledge that moneys will only be issued once the AUFA Emergency Fund Promissory Note has been completed and delivered to the Treasurer and AUFA Bookkeeper. I acknowledge that this form may be kept on file for up to seven (7) years following the receipt of the application.

Name:

Signature:

Date:

All information provided on this form is strictly confidential.
Decisions are made by the AUFA Executive Officer as outlined in the AUFA Member
Emergency Fund Policy.

AUFA OFFICE USE ONLY

Reference Number (MEF-YYYYMMDD-##):

Reviewer Name:

Review Date:

Reviewer Signature: