

HARDSHIP APPLICATION

SECTION I – APPLICANT INFORMATION

Name:		Phone:	
Company:		Email:	
Address:			
City, State		Zip Code:	

SECTION II – HARDSHIP SITUATION

Please give a brief explanation of your hardship so that we may understand your situation.

SECTION III – BOARD DETERMINATION

_____ <i>Chair</i>	_____ Date				
_____ <i>Vice Chair</i>					
_____ <i>Sec./Treas.</i>					
_____ <i>Board Mbr.</i>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="text-align: center;">Approved</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="text-align: center;">Disapproved</td> </tr> </table>		Approved		Disapproved
	Approved				
	Disapproved				
_____ <i>Board Mbr.</i>					

This hardship application is meant to help members on a short-term basis and is by no means an extended method of exception for payment of services.