Benevolent Grant Application

**Purpose**

To provide assistance to an Active Member where there is little or no financial coverage or protection through salary/wages, sick leave, long term disability, insurance benefits, credit union/banks, etc.

**Benevolent Grant Assistance**

The merits of each case and the amount of assistance in each instance to be determined by the Table Officers. The maximum amount of a single grant shall not exceed one thousand dollars ($2,000).

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Status:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe your financial situation in detail. (Please attach additional sheets if not sufficient space here)

2. Have you exhausted all of your financial resources (e.g. bank or credit union etc.)? Please explain.

3. Have you exhausted all of your employment benefits (e.g. sick leave, long-term disability, insurance, etc.)? Please explain.

4. Have you exhausted governmental benefits (e.g. social assistance, employment insurance, etc.) Please explain.

5. How much money are you requesting from the Benevolent Fund?

**Please attach separate sheet if insufficient space given here.**

**The applicant’s name and other details are held in strict confidence.**

**Please return form to the Executive Director**

**3106 Joseph Howe Drive, Halifax, N.S. B3L 4L7**

**or email to:** **executivedirector@nstu.ca**