



North Arkansas College

CRISIS FUND

CONFIDENTIAL APPLICATION

Use this form to apply for funds from the Northark Crisis Fund. Please send the completed application to: Northark Crisis Fund, 1515 Pioneer Drive, Harrison, AR 72601 or return application to the President's Office on South Campus.

DATE: _____

Fund request for (name): _____

Mailing Address of Proposed recipient: _____

Proposed recipient's Northark ID# or SSN _____

Phone number: Home _____ Work _____

Amount requested (maximum request not to exceed \$500): _____

This form completed by: Name: _____ Phone: _____

Please write description of circumstances. Attach additional documentation (police reports, news releases, etc. if applicable):

If granted, funds will be used to: _____

For house fires, please give address of the fire and date of fire:

Address: _____ Date: _____

I fully understand that this information will be kept as confidential as possible, except as otherwise required to provide appropriate administrative oversight of the fund and its activities (i.e., one or more of my instructors may be asked to help with the decision, fire authorities may be contacted, etc.)

Signature

Date

For Northark Crisis Fund Committee Use Only

Action Recommended _____

DATE _____

Committee Member Signature _____

Committee Member Signature _____

Committee Member Signature _____

Committee Member Signature _____

Committee Member Signature _____