

The Maritime Workers Emergency Medical Fund

APPLICATION FOR FUNDS

Terms of Application: Funds are distributed based on individual need as assessed by members of the board of directors of the Maritime Workers Emergency Medical Fund. Funds are limited and are distributed annually on a first-come first served basis. Distribution of fund amounts are based on the annual budget as prepared by the organization. All applications are considered using a 60 day application and interview process from the date the application is received. All steps are taken to protect the privacy of the applicant. Applicants providing medical and personal information must agree to share the information willingly to the board and trust the information will be treated with respect and is kept confidential. Information is used only to determine need for one-time funding and by no means makes the Maritime Workers Emergency Medical Fund responsible for additional debt or liability of the applicant. Funds distributed to applicants are reported to the IRS by the 501 (c)3 organization.

Received By _____

App # _____

Date Received _____

Reviewed By Board _____

Applicant Name _____

Address _____

Street

City

State

Zip Code

Applicant Telephone _____ Fax Number _____ Alternate Contact # _____

Email Address _____

Social Security # of applicant _____

Amount of Request \$ _____ How long have you worked in the Maritime Industry? _____

How you are associated with the Maritime industry?

Contact Person's Name and Title if different from applicant and/or list a personal reference

Contact's address _____

Street

City

State

Zip Code

Email Address _____ Phone # _____

Purpose of Request: **Using only the space below**, please provide a brief, concise description of why assistance is needed, the specific use of the funds, means of implementation and who it will serve. Please attach copies of any supporting documents you are willing to share with the board that may help expedite the application process. The Board of Directors reserves the right to request additional information and or documents to help determine eligibility.

I _____ agree to the terms of the application process and state the information I have provided is true.

Signature _____ Date _____

This application serves as the initial form for consideration of funding. Additional information may be required including a personal interview by members of the board of directors of the Maritime Workers Emergency Medical Fund.