**ESA INTERNATIONAL COUNCIL DISASTER FUND APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date** |  | | | | | | **Name** | |  | | | | | | | | | | | | **Spouse** | | | |  | | | | | |
| **Address** | | |  | | | | | | | | | | | | | | | **City/State/Zip** | | | |  | | | | | | | | |
| **Phone** | |  | | | | | | | | | | **Email** | | |  | | | | | | | | | | | | | | | |
| **Member of Chapter Name** | | | | | | | |  | | | | | | **Number** | | | | |  | | | | **City/State** | | | |  | | | |
| **Member’s Pledge Date and Present Status** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Explain Nature of Destruction/Damage to Home/Explain Nature of Destruction/Damage to Personal Items/Explain Serious Accident and/or Catastrophic Illness Before filling out this claim be sure to look at the qualify guidelines.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Is additional material included to back up the nature of the damage, destruction, serious accident/medical and/or medical files?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | | **NO** |  | **(Prior to approval, the Committee will require information to determine the claim.)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total $ Amount of Destruction and/or Medical Expense** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Total $ Amount of Disaster Fund Assistance Requested** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Prior Assistance from Disaster Fund?** | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | **NO** |  |
| **If YES, Indicate Amount Received** | | | | | | | | | |  | | | **Date** | | |  | | | | **Nature of Claim** | | | |  | | | | | | |

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**NOTE: ALL ABOVE INFORMATION IS REQUIRED AND MUST BE COMPLETED** - Additional information can be attached to this application. Send original application to the ESA IC Disaster Fund Chair, who will confer with the IC President and IC 1st Vice President **(Application/additional material may also be emailed to the IC Disaster Fund Chair)**

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***IC Disaster Fund Chair only***

Date Received Amount Paid Date Initial **Revised: August 2021**