

Regional Hardship Fund Application Form

First name:	Last name:			
Address:				
City:				
Province:	Postal Code:			
Preferred phone:	Alternate phone:			
Secure email:	Local #:			
Please state the amount of your reque	est from the Hardship Fund \$:			
Reason for applying				
Please give us a full and detailed explanation (or you can continue on a separate page if required.)				
The Hardship Committee may contact you. Where necessary receipts, invoices or proof of need may be required.				
To the best of my knowledge, all the information given in this form is true.				
Signature of the applicant	Date (mm/dd/yyyy)			

By signing this application, you give consent of your personal information to be discussed with all members of the Regional Hardship Committee.



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Note: The application form must be completed. Any incomplete application will be returned to you.

Checklist before	mailing or	emailing	application	form:

Please ensure the application form is signed.

You have indicated your reason for applying.

You have ensured all your contact information is correct.

You have included all documents that support your application. If mailing in the form, please mark your envelope Private and Confidential.				
Please mail or email the completed form and all support appropriate Regional Office c/o The CHair of the Regional Region 1: 1092 Dearness Dr., London, ON N6E 1N9	orting documents to the onal Hardship Committee. R1Hardship@opseu.org R2Hardship@opseu.org R3Hardship@opseu.org R4Hardship@opseu.org R5Hardship@opseu.org R6Hardship@opseu.org			
For Regional Hardship Committee Use Only Decision				
Signature:	Date (mm/dd/yyyy)			
Signature:	Date (mm/dd/yyyy)			
Signature:	Date (mm/dd/yyyy)			