

Request for Sunshine Fund Assistance

As APCO International has established a Sunshine Fund for the purpose of providing a measure of financial assistance for those members who meet with a qualifying event of a nature that affects their personal lives or that of their immediate family members, the following recommendation for assistance is presented for consideration:

Recipient Information

Name of Recipient _____
Street Address _____
City, State, Zip _____
Phone Number _____
e-mail: _____

Is this individual a member of the APCO Association? _____
If yes, Member ID: _____

Place of employment

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Individual Presenting the Nomination:

Name of Nominee _____
Phone Number _____
e-mail: _____
Relationship to Nominee _____
Are you aware of the circumstances by your direct knowledge _____ (if not):
Reported to you by _____
Phone Number (or contact information) _____

Please Indicate the Life Changing Incident: (check applicable)

<input type="checkbox"/>	Loss of life of an individual member or their spouse or dependant child
<input type="checkbox"/>	Critical illness or injury of a member or spouse or dependant child
<input type="checkbox"/>	Loss of member's primary residence as a result of a fire, storm, or similar disaster
<input type="checkbox"/>	Critical illness or injury resulting in a disability of a member
<input type="checkbox"/>	Accident with recoverable injuries of a member
<input type="checkbox"/>	Damage to member's primary residence as a result of a fire, storm, or similar disaster

Respectfully Submitted _____
Date _____

Submit Completed form to:

APCO International Attention:
Human Resources Department 351 N. Williamson BLVD.
Daytona Beach, FL 32114

Or Fax to: (386) 239-8397
Or e-mail to: marshallr@apcointl.org