

## 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 professionals in the public safety communications field 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:

Place of employment	
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### Individual Presenting the Nomination:

Name

Phone Number

e-mail:

Relationship to Recipient

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)

Loss of life of an individual or their spouse or dependent child

Critical illness or injury of an individual or spouse or dependent child

Loss of primary residence as a result of a fire, storm, or similar disaster

Critical illness or injury resulting in a disability of the individual

Accident with recoverable injuries of the individual

Damage to individuals primary residence as a result of a fire, storm, or similar

#### Please Provide Information on The Life Changing Incident

**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](mailto:marshallr@apcointl.org)