

Request for a Personal Assistance Grant

Name:

Relationship with Meeting:

Member/Attender ☐

Associate Member ☐

Other ☐

Amount of Request :

Email and/or Phone:

1. Describe the reason for and urgency of your need. Also, please indicate whether you expect this need to be time limited or continuing.

2. Other sources being used to acquire money for the activity (If you are covering remaining costs with own funds, just write, "personal funds"):

3. When is the money needed?

Return this form to the Convener of Finance Committee. Please let the convener know if the situation is urgent.

Date Sent by Requestor:

Date Received by Finance Committee:

Finance Committee Action Date: