

REQUEST FOR SCEA ASSISTANCE

SCEA Members Only May Apply

Form must be completed in full

If not completed, form will be returned to you for completion

Date Submitted:

Fax completed form to 713.243.5298

Store/Facility Manager's Signature

Name of Employee

Home or Cell Phone Number

Position

Date of Hire

Store# or Facility

Amount Requested

DETAILS

Please give details of the crisis.
Documentation must accompany request.
You must meet qualifying guidelines.

Is this crisis covered by insurance? YES _____ NO _____

How will the donation be used? _____

Is a referral needed for additional assistance (Social Services, United Way, etc.)?
YES _____ NO _____

Prior recipient of SCEA funds? YES _____ NO _____

If yes, when? _____ Reason? _____

SCEA USE ONLY

APPROVED _____ DECLINED _____ AUTHORIZED BY: _____

COMMENTS: _____
