

SUNY SCHENECTADY
COUNTY COMMUNITY COLLEGE

Schenectady County Community College Foundation
Employee Relief Fund Application

Name:

Employee ID #:

Address:

City:

State:

Zip:

Email:

Phone Number:

Amount Requested: \$

Please attach copies (no originals) of back-up documentation

Describe the crisis causing your financial emergency:

Describe what the emergency financial assistance will be used for:

- I have read and understand the *Employee Relief Fund Guidelines*.
- I give SUNY Schenectady and the Foundation permission to use my circumstances (without names or other identifying information) as examples of those who benefitted from the Employee Relief Fund.

Employee Signature: _____

Date: _____

Please return this form to Human Resources.

For Official Use Only

- Approved (Amount: \$_____)
- Denied

Reviewer Name: _____

Signature: _____

Date: _____