



BETHEL COMMUNITY SERVICES  
FOUNDATION INC.

### Community Health Aide Emergency Fund Application

This fund is to help current or former health aides (of two years employment or more\*) in the YK Delta with a personal or family emergency. If approved, the standard award is \$500. Maximum two awards during a five-year period.

*Application is also online at [bcsfoundation.org/chaef\\_app](http://bcsfoundation.org/chaef_app) (under Grant Applications tab at [bcsfoundation.org](http://bcsfoundation.org))*

- 1. Name (print): \_\_\_\_\_ 2. Phone: \_\_\_\_\_
- 3. Address: PO Box/Community/Zip: \_\_\_\_\_ 4. Email: \_\_\_\_\_
- 5. # Years employed as health aide: \_\_\_\_\_ 6. Community(ies) where employed as health aide: \_\_\_\_\_
- 7. Number of people in household: \_\_\_\_\_ 8. Estimated annual household income: \_\_\_\_\_
- 9. Have you applied for this emergency grant in the past? \_\_\_\_\_ If yes, when? \_\_\_\_\_
- 10. In the box below, please describe the current emergency situation you are facing.

11. In the box below, please describe how funds will be used. *Please provide some details related to missed work, inability to work or changes to your income if your income is currently affected. If you are asking for assistance with a bill(s), please provide bill copies:*

12. Place an X here if you need the \$500 maximum award: \_\_\_\_\_ OR fill in if amount needed is less than \$500: \$ \_\_\_\_\_

13.. \_\_\_\_\_

**Signature of Current or Former Health Aide**

**Date**

After you complete this form, you may fax or scan/email it. It can go to the SIs at CHAP via the CHAP fax: 543-6143 or to Michelle DeWitt at BCSF at [michelle@bcsfoundation.org](mailto:michelle@bcsfoundation.org) or fax: 543-1826. *Please call to confirm your fax or email was received by someone in the office! Fund committee members include: Marsha Smith, Joe Okitkun, Martha Attie, Katherine Evon and Carla Suskuk. CHAP phone: 543-6160. BCSF phone: 543-1812.*

**THIS SECTION IS FOR SI STAFF ONLY:**

Approved by (Emergency Fund Board member): \_\_\_\_\_ Date: \_\_\_\_\_

Michelle DeWitt at BCSF notified at [michelle@bcsfoundation.org](mailto:michelle@bcsfoundation.org) Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS SECTION IS FOR BCSF STAFF ONLY:**  Check received by health aide or deposited in health aide bank account. Date: \_\_\_\_\_ Time: \_\_\_\_\_