

EPSILON SIGMA ALPHA, INT'L.

**Disaster Fund Application-2009-2010**

**SEND COMPLETED APPLICATION  
FORM TO:**

Brenda "BJ" Voll, Jr. Past President

Indiana Disaster Fund Chair

4152 Lee Drive

Jasper, IN 47546

[chaplainbj@aol.com](mailto:chaplainbj@aol.com)

**DISASTER FUND APPLICATION - EPSILON SIGMA ALPHA INTERNATIONAL**

Date \_\_\_\_\_ Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Member of - Chapter Name and Number, City/State: \_\_\_\_\_

Members Pledge Date and Present Status \_\_\_\_\_

Explain Nature of Destruction/Damage to Home // Explain Nature of Destruction/Damage to Personal Items // Explain Serious Accident and/or Catastrophic Illness \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total \$ Amount of Destruction and/or Medical Expense: \_\_\_\_\_

Total \$ Amount of Disaster Fund Assistance Requested: \_\_\_\_\_

Prior Assistance from Disaster Fund: Yes or No \_\_\_\_\_ If Yes: Dollar Amount/Date/Nature of Claim: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Please print or type: Chapter President's name, address, city/state/zip)

Chapter President's Signature: \_\_\_\_\_

**The State Disaster Fund Chair hereby approves this application. My signature on this application indicates that I have reviewed this application and find it to be a valid claim according to IC Disaster Fund Guidelines.**

\_\_\_\_\_  
State Disaster Fund Chair

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone/e-mail address

Date: \_\_\_\_\_

\*\*\*\*\*  
**NOTE: ALL ABOVE INFORMATION IS REQUIRED AND MUST BE COMPLETED** - Additional information can be attached to this application. Original & two (2) copies go to the State Disaster Fund Chair. Original goes to the IC Disaster Fund Chair; she will distribute copies to IC President and IC 1st Vice President. **Important:** State Disaster Fund Chair should retain the third copy for the state files.

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**IC Disaster Fund Chair only:**

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date \_\_\_\_\_

Initial: \_\_\_\_\_

**Revised: July 2006**