**ESA INTERNATIONAL COUNCIL DISASTER FUND APPLICATION**

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| --- | --- | --- | --- | --- | --- |
| **Date** |  | **Name** |  | **Spouse** |  |
| **Address** |  | **City/State/Zip** |  |
| **Phone** |  | **Email** |  |
| **Member of Chapter Name** |  | **Number** |  | **City/State** |  |
| **Member’s 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 Before filling out this claim be sure to look at the qualify guidelines.** |
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| **Is additional material included to back up the nature of the damage, destruction, serious accident/medical and/or medical files?** |
| **YES** |  | **NO** |  | **(Prior to approval, the Committee will require information to determine the claim.)**  |
| **Total $ Amount of Destruction and/or Medical Expense** |  |
| **Total $ Amount of Disaster Fund Assistance Requested** |  |
| **Prior Assistance from Disaster Fund?** | **YES** |  | **NO** |  |
| **If YES, Indicate Amount Received** |  | **Date** |  | **Nature of Claim** |  |

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**NOTE: ALL ABOVE INFORMATION IS REQUIRED AND MUST BE COMPLETED** - Additional information can be attached to this application. Send original application to the ESA IC Disaster Fund Chair, who will confer with the IC President and IC 1st Vice President **(Application/additional material may also be emailed to the IC Disaster Fund Chair)**

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***IC Disaster Fund Chair only***

Date Received Amount Paid Date Initial **Revised: August 2021**