

The Joanie Hipple Caring Fund Application for Assistance

Name: _____ ID# _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Employee: _____ Student Worker: _____ Full Time: _____ Part time: _____

Position: _____ Department: _____

Date of Hire: _____ Amount requested: _____

First time request: Y or N Total amount of support received: _____

Please explain in detail the support request: _____

Please describe financial resources available to address the issue: _____

Signature

Date

Please return completed form to Lori Cortez in the Foundation office, Room 3L8 or by email to lori.a.cortez@svcc.edu