

## California Alpha Delta Kappa Disaster/Crisis Relief Application Form

This request may be submitted by a member in need of assistance, by another member or by a chapter. Help may be requested on behalf of a member, an individual non-member or for educators at a school site. Two funding sources are available. The California Educators Helping Educators funds may be given to members or to non-members. International Alpha Delta Kappa Foundation funds donated to California for disaster relief may be given to members only.

**If applying for an Individual:**

Name of Individual \_\_\_\_\_

Address \_\_\_\_\_

Member? \_\_\_Yes \_\_\_No      Chapter Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**If applying for an Educational Site:**

Name and location of Site \_\_\_\_\_

Name of Administrator \_\_\_\_\_

Name(s) of Teacher(s) who will receive funds: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Use a separate page to expand your answers if needed.**

1. What is the nature and extent of the loss or damage?

2. The maximum award per person is \$300.  
What is the amount of your request? \_\_\_\_\_

3. Provide a specific description of how the money will be spent.

4. Please share any other pertinent information.

5. Is a replacement AΔK badge needed for a member? \_\_\_ Yes \_\_\_ No

Name of member \_\_\_\_\_ Chapter \_\_\_\_\_

Beyond this grant money, additional donations may be made by individual California chapters. To facilitate additional contributions, the information on this application will be shared with individual California chapters. Gift cards may be requested. List the vendor's name (ie., Target, Walmart, etc.). If supplies are needed, provide a list on the back of this form or on a separate page. Needs for supplies or gift cards will be communicated to California chapters, and if individual chapters are able to assist, they will send contributions of cards or supplies.

\_\_\_\_\_ YES, it is OK to share this application with other CA AΔK chapters.

\_\_\_\_\_ NO, do NOT share this application with other CA AΔK chapters.

**Application Submitted by:**

Name \_\_\_\_\_ Chapter \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Send this form via email or U.S. Mail to the current California State President**

(See [www.adkcalif.org](http://www.adkcalif.org) Select "Executive Board & Committee Chairmen" from the menu on the right.)