LOYOLA EMPLOYEE EMERGENCY FUND (LEEF) APPLICATION FORM

APPLICANT N	AME			AMOUNT REQUESTE	D
Last	First	MI		\$	
LUC EMPLOY	EE ID # (found on K	(ronos) IOR T	TTI E	DEPARTMENT	
LOC LIVIP LOTT		dollos) Job i	1122	DEFARTMENT	
CAMPUS	BUILDING	i RC	OOM	WORK PHONE	
HOME STREE	T ADDRESS, APT.			HOME PHONE	
CITY, STATE,	ZIP CODE			LENGTH OF SERVICE	.
				Years / Months	
Describe your reason for applying for an emergency grant and what steps you have taken to find other resources to address the matter. Include any documentation available to support your request and explanation. (Attach separate sheet(s), if necessary): When are funds needed? List approximate monthly household income (including spouse and/or other sources of income) \$ List approximate monthly household expenses and outstanding debt					
List approxima	ate monthly houser	nold expenses a	and outstand	ng debt	
Mortgage/Ren	nt \$	Child Care	\$	Medical \$	
Utilities	\$	Child Support	\$	Insurance \$	
Food	\$	Transportation) \$	Other \$	
Credit Card	\$	Car	\$	Other \$	
For the purpose of obtaining this herein requested grant from LEEF, the undersigned warrants the truth and accuracy of the foregoing information. I also agree that this confidential application shall remain the property of LUC whether or not the grant is awarded. APPLICANT'S SIGNATURE DATE *****FOR HR USE ONLY***** Reviewed by (HR staff initials): On date:					
HR Recommendation: [SELECT ONE]					
	_	_	If Other:		
	nount of disburseme ement or other action				