

The Georgia State Assembly of AST Foundation Emergency Assistance Fund

Definition

The Georgia State Assembly of AST Foundation has established a fund to provide its members with a measure of assistance in the event of a natural disaster, tragedy, or medical emergency affecting them or their immediate family member, providing these events meet the criteria established for this fund.

Qualifications

1. Recipient shall have been an Active Member of AST for a minimum of two years immediately prior to event.
2. Member or immediate family affected by:
 - a. Natural Disaster as designated by FEMA (ex. Hurricanes, fires, floods, earthquakes, tornadoes)
 - b. Loss of life, spouse, child (dependent)
 - c. Personal injury/loss to member, spouse, child, (dependent) requiring hospitalization greater than 1 week.
3. Other circumstance as deemed suitable by the committee.

Process

1. Application submitted to GASA Foundation within 90 days of the event by the affected member, or by another member on behalf of the affected member.
2. Applicants are only allowed to apply once every two years.
3. Maximum applicant award is \$500.
4. The approved application is on file with GASA.
5. The applicant will receive an automated letter reply stating the request was received, is being reviewed, and that they will receive an answer within 30 days.
6. The submitted application will be forwarded to the members of the Foundation committee for review and determination of award amount.
7. A letter/email will be sent from the Foundation Committee to notify the member if the application has been accepted or declined. If declined, a reason for declination, including criteria not met will be given. All verified applicants will receive a 6-month membership extension to AST.
8. Applications and supporting documents will be maintained by GASA for 2 years, after which time the files will be purged.

**The Georgia State Assembly of AST Foundation
Request for Emergency Assistance**

MEMBER INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

EMAIL: _____

AST MEMBER NUMBER: _____ YEARS OF MEMBERSHIP: _____

EVENT INFORMATION

PLEASE INDICATE THE LIFE CHANGING INCIDENT: (CHECK APPLICABLE)

- _____ Loss of life of member's spouse or dependent child
- _____ Critical illness or injury of member, member's spouse or dependent child
- _____ Critical illness or injury of member resulting in disability
- _____ Damage to the member's primary residence as the result of a fire, storm, flood, or similar disaster
- _____ Loss of member's primary residence as a result of a fire, storm, flood, or similar disaster

PLEASE PROVIDE A WRITTEN NARRATIVE OF THE EVENT AND VERIFIABLE DOCUMENTATION.

SUBMITTED BY: _____ DATE: _____

RELATIONSHIP TO MEMBER: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

Is affected member aware of this request for assistance? YES NO

SUBMIT COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

Mail: GASA Foundation, PO Box 216, Lawrenceville GA 30046

Email: GASAFoundation@gmail.com