



INDIANA STATE FAIR  
**FOUNDATION**

**EMPLOYEE ASSISTANCE FUND APPLICATION**

**Section 1- Employee Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employment Status: Full-time  Part-Time  Seasonal

Start Date of Employment: \_\_\_\_\_

**Section 2- Description of Hardship**

I am applying today as a result of Natural Disaster  Financial Hardship

Date of Natural Disaster or Financial Hardship: \_\_\_\_\_

Are you currently receiving short term or long-term disability: Yes  No

Do you or a member of your family have insurance coverage or any other financial assistance during this hardship? No  Yes  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Description of your hardship. (Include a description of your expenses and/or damage to your essential property). Please provide as much detail about your hardship as possible to help the Committee determine if you meet the criteria of the fund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Section 3- Amount of Assistance Required**

I am requesting financial assistance in the amount of \$ \_\_\_\_\_ dollars

Provide an itemized list of your assistance requested with a short description and actual or estimated cost of each item: \_\_\_\_\_

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In order to request financial assistance, I understand that I must have been employed by the Indiana State Fair and Event Center at least 60 days.

**Please sign, date, and verify that the information is accurate to the best of your ability:**

**X:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_