



Coast Federation of Classified Employees
AFT local 4794

Hardship Fund

Confidential Application for Assistance

Eligibility Guidelines for the Hardship Fund:

- Must be a Member in good in good standing with the Union.**
- Have suffered an EMERGENCY or CATASTROPHIC situation that has caused temporary, sudden and non-recurring financial shortfall (e.g., natural disaster, immediate family crisis, acute illness or injury).**
- Are unable to meet immediate, essential expenses.**

Member's Name _____ Position/Worksite _____

Home address _____ City _____ State _____ Zip _____

Personal email Address _____ (please print)

Best Contact Phone # _____ Work Phone # _____

I hereby state that the information herein provided is true and correct to the best of my knowledge.

(Signature) _____ Date _____

Return your completed Application to the CFCE Union office by:

Mail: CFCE Union Office
Attention: Jamie Crowder
PO Box 3688
Huntington Beach, CA 92605

