



*Serving, Sharing, Supporting*

**DISASTER RELIEF APPLICATION**

**Please email this completed form to [NSAFCares@NSAFoundation.org](mailto:NSAFCares@NSAFoundation.org)**

Date:

Your Name:

Address (**Where the relief check should be sent**):

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip:

Your Email Address:

Phone Number:

What is your current situation?

E-Signature Required:

Acknowledgement Required:

☐ I understand that that through the submission of this application, my personal information will be shared with members of the Disaster Relief Committee.

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**For Committee Use Only**

\$1,000 Relief Assistance is approved ☐ Yes ☐ No

This applicant should be recommended to the NSA Foundation Professional Speakers Benefit Fund for consideration. ☐ Yes ☐ No ☐ Not Sure

Applicant has been contacted: ☐ Yes ☐ No

Date:

By: