

**Champagne and Aishihik First Nations
Membership Assistance Program
Emergency Fund Application**

Personal Information

1. Given Name_____	2. CAFN Number_____
3. Permanent Mailing Address_____	City _____ Province_____
4. Street Address if different:_____	5. Telephone /Message #_____
6. Date of Birth:_____	7. Female:___ Male:___

Employment Status/School Status

8. Type of Employment/Schooling:_____
Location:_____
9. Employment/School Status:_____ Full-time:_____ Part-time:_____

Nature of Emergency

Attach Additional information if required.

I declare that the information submitted in this application to be true and completed to the best of my knowledge.

Signature _____

Date _____

Administration Use Only

Documistration

Financial Assistance Granted: Yes:_____	No_____	
___ Total Reimbursement	___ 50% Reimbursement	___ No Reimbursement
Date of Assistance:_____	Approved By:_____	