

# HARDSHIP FUND Application

Please return this form to [accounting@cupe.bc.ca](mailto:accounting@cupe.bc.ca)

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**MEMBER IN NEED:** \_\_\_\_\_ **CUPE LOCAL:** \_\_\_\_\_  
First Name Last Name

**MEMBER'S ADDRESS:** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_ **CUPE LOCAL:** \_\_\_\_\_  
Name Position

**REASON FOR HARDSHIP APPLICATION:**

**CHEQUE PAYABLE TO:** \_\_\_\_\_

**MAILING INSTRUCTIONS:** \_\_\_\_\_

**CHEQUE MAILING ADDRESS:** \_\_\_\_\_  
Include Street, City, Province and Postal Code

\_\_\_\_\_  
Requestor Signature Date

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**AMOUNT:** \$ 500.00 \_\_\_\_\_

\_\_\_\_\_  
Approved by: