

# Education Austin Emergency Fund Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

AISD Employee Number \_\_\_\_\_

Education Austin Member  Yes  No Years as a member \_\_\_\_\_

Employment Department \_\_\_\_\_ Job Title \_\_\_\_\_

Years of Service \_\_\_\_\_

Do you work during the Summer months?  Yes  No

Any other place of employment? \_\_\_\_\_

If yes, how many days per week? \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_

Number of Dependents \_\_\_\_\_

Monthly Bills Responsible for (please circle all those that apply)

Utilities                      Car                      Daycare/Afterschool care

Gas                              Cable                      Insurance

Telephone/Cell              Rent

**Please write a short statement regarding the need for assistance.**