

WISCONSIN SOCIETY OF MEDICAL ASSISTANTS
BENEVOLENT FUND
Financial Assistance Request Form
(CONFIDENTIAL)

The Wisconsin Society of Medical Assistants created the Benevolent Fund for its members because we are concerned about the well-being of our members. When financial problems develop we encourage our members to seek help for their need, be it a unique and worthwhile cause or circumstance. The member should be a member in good standing of WSMA for a minimum of one year. The grant is given on a one time basis only.

Member Name (Please Print) _____

Date of Initial Membership (Year) _____

Home Address _____

Telephone Number () _____ **E-mail Address** _____

An approval or denial letter will be mailed to you following the recommendation of the Benevolent Fund Committee and WSMA Executive Committee. Would you want the letter to be mailed to an address other than above and if yes, please provide that address.

Amount of financial assistance you are seeking \$ _____

When is the financial assistance needed? (Please Use Specific Date) _____

Have other avenues for assistance been approached regarding this current financial shortfall? Please define and the amount sought _____

Please explain the cause of your financial need. What is the cause or circumstance that is the reason for you to apply for assistance?

Please be as specific and detailed as possible. Include the actions you have taken to improve your situation.

This fund has limited resources; therefore, the approval process needs to be careful about the requests they approve. They will be better able to approve your request the more they can understand how this crisis is a need for financial help.

