

**Staff Help Assistance Relief Effort**  
**SHARE Program**  
*Application for Assistance*

Before completion of this application, please carefully read the Staff Help Assistance Relief Effort (SHARE) Program Guidelines and Procedures which can be found on the Staff Senate website under the Staff Resources tab.

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Campus Address/Department: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Campus E-mail: \_\_\_\_\_@louisville.edu

Home Address: \_\_\_\_\_  
Street Address City State ZIP

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Monthly Household Income: \$ \_\_\_\_\_ How many people live in your household? \_\_\_\_\_

Are you currently in a RIF (reduction in force) status with pay at UofL? Yes \_\_\_ No \_\_\_

Are you currently on medical leave from UofL? Yes \_\_\_ No \_\_\_

Have you previously sought financial assistance from the SHARE committee? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_

Please explain, in detail, your reason(s) for seeking assistance through the SHARE program. Please attach additional page(s) if necessary.

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Have you received any assistance for this temporary emergency from any other organizations, including government assistance programs? Have you applied, or are planning to apply, for assistance from any other organizations, including government assistance programs? Yes\_\_\_\_ No\_\_\_\_

If yes, please list the organization(s) and how they are currently helping you.

Organization Name(s)	How are they assisting you?

What bill(s) or invoice(s) are you requesting be paid on your behalf by the SHARE committee? Please attach original documents to this application. Prioritize bills to be paid. *Note: Payments are made by credit cards ONLY. Vendors not accepting credit card payments are ineligible. Fees for online or phone credit card payments will be deducted from the SHARE funds awarded.*

Vendor Name	Account Number	Bill Due Date	Amount Due	Date Paid
Total SHARE Request:			\$	

I, the undersigned, acknowledge that I have been provided a copy of and read the *SHARE Guidelines and Procedures* handout. I certify that the information provided herein is true, correct and complete. I understand that it will be necessary to verify information provided within this application. I therefore give my permission for such verification to occur. Furthermore, if funds are awarded, I understand I will be required to sign a *Receipt of Assistance Form*, housed in the Staff Senate office.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Staff Senate Office Use Only:	
App rec'd date:	
SHARE case file no:	
Approved:	Y N
Amount approved:	
Date paid:	
Check no(s):	
Confirmation no(s):	

*Note: Information provided on this application is kept strictly confidential. No personal identifying information is provided to the SHARE committee.*

**Return your completed application, along with all supporting documentation, to the Staff Senate Office, Administrative Annex, Room 203, Belknap Campus or email to [staffsen@louisville.edu](mailto:staffsen@louisville.edu)**