

**S.H.A.R.E.**  
**(Staff Help Assistance Relief Effort)**  
 Application for Assistance

Employee Name \_\_\_\_\_

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

Campus Phone \_\_\_\_\_

Home Address/Phone \_\_\_\_\_

Monthly Income \_\_\_\_\_ How many live in your household? \_\_\_\_\_

Are you currently on lay-off status at U of L? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on medical leave from U of L? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain your reasons for assistance (Please attach additional page if necessary)

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Are you currently receiving any assistance from any other organizations? \_\_\_Yes \_\_\_No

If yes, please list the organizations and how they are helping you.

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I, the undersigned, understand that it will be necessary to verify information provided within this application. I therefore give my permission for such verification.

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Signature

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Date