

Benevolent Fund Application

The Benevolent Fund exists for the purpose of providing assistance to active members who find themselves in extreme financial need due to:

- (a) illness (b) accident; or (c) extreme emergency

Mission Statement

To provide temporary financial assistance to all Faculty who belong to the bargaining unit of The Royal Conservatory of Music, **including probationary faculty who have achieved the necessary 125 hours or the permanent appointment of the teacher by the administration.**

The assistance can be a benevolent relief grant of **up to \$1,500 in an Academic Year.**

APPLICATION PROCEDURE

1. Submissions shall be made to Stanley Rosenzweig
stanleyrosenzweig@sympatico.ca
2. Application forms must be completed clearly, within the margins, and in full.
3. An **interview** will be required.

ALL INFORMATION IS HELD IN STRICT CONFIDENCE

APPLICANT'S NAME: _____

DATE: _____

APPLICANT INFORMATION

Address (include postal code)	
Home Telephone #	
Mobile Telephone #	
Email Address	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Dependents (as per income tax return)	(List their name, age, and occupation)

APPLICANT'S FINANCIAL INFORMATION

<u>INCOME</u>	
Current annual income from employment	\$
Partner/Spouse annual income	\$
Other income	\$
Total Household Annual Income	<u>\$</u>
<u>EXPENSES</u>	
<u>Real Estate</u>	
<input type="checkbox"/> Owned: Monthly Mortgage	\$
<input type="checkbox"/> Rental: Monthly Rent	\$
<u>Vehicle</u>	

<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
<u>Loans</u> <input type="checkbox"/> Vehicle(s): Owed to: _____ <input type="checkbox"/> Other (specify): Owed to: _____	\$ \$
<u>Credit Cards</u> Total Balance Outstanding	\$
<u>Other MONTHLY Expenses</u>	
Utilities	\$
Medical Expenses	\$
Food (estimate)	\$
Dependent Expenses	\$
Spousal Payments (if applicable)	\$
Transportation	\$
Insurance	\$
Other pertinent expenses	\$
<u>TOTAL MONTHLY EXPENSES</u>	\$

IF MORE INFORMATION IS AVAILABLE, PLEASE REPORT ON A SEPARATE SHEET.

A LETTER WITH PERSONAL INFORMATION PERTINENT TO THE APPLICATION TO ASSIST THE BENEVOLENT COMMITTEE IN THE CONSIDERATION OF YOUR REQUEST IS ENCOURAGED.