



ETSU Staff Senate: CBC Fund Application

Personal Information

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Email _____

E#: _____

Work Phone: _____

Description of Request

Please provide details below as to why you are applying for CBC funds as well as the amount you are requesting.

By my signature, I fully understand and agree that by accepting this donation I freely and voluntarily, with full knowledge, hold harmless and in no way liable or responsible the Staff Senate, CBC, or East Tennessee State University or any agents, officers or employees thereof.

Signature: _____ Date: _____

*Please note the maximum amount that can be awarded to each affected staff member per catastrophic event is \$200 (See CBC Guidelines for more information).

The President of Staff Senate or designee will contact you once your application has been received and processed.

Staff Senate Office use only:

Date Received: _____ Received by: _____

Date Processed: _____

Recommendation/ Action taken: _____

(If funds are denied, state reason): _____

Name of Employee Receiving Funds: _____

Amount Dispersed: _____ Date Dispersed: _____