

SDSPLS

**SPECIAL USE FUND
HARDSHIP
APPLICATION**

Recipient's Name:

Contact Name (if different than the name above): _____

Recipient's Address:

Recipient's Contact Phone Number(s) if known:

List the SDSPLS Member(s) or family member(s) associated with this request (please note that the grant is limited to an SDSPLS Member in good standing or the spouse and/or dependent children of an SDSPLS member):

Explanation of Situation or Circumstance for this request:

SDSPLS

List Applicable Time Frames Involved with Situation:

State the Purpose of Assistance Funding:

My signature certifies that I am an SDSPLS member in good standing and that I am requesting assistance for a specific circumstance and/or situation that meets the Guidelines for the Special Use Fund Hardship Application or that I am making the application on behalf of another SDSPLS member.

Applicant Printed Name _____

Applicant
Signature _____ Date _____
SDSPLS Member

I can be reached at the following phone number/s _____

My email is _____

SDSPLS may award assistance based on \$300 per applicant per year to assist the SDSPLS membership for a hardship circumstance and/or situation. Distributions may be modified at the discretion of the SDSPLS BOD and are subject to the availability of funds. Funds will not be allocated for funeral or associated expenses.

Return your completed application to
Jody Van Beek - SDSPLS Executive Director
2510 Happy Hollow Str, Rapid City, SD 57702
directorsdspls@hotmail.com
(605) 228-2101

Please contact Jody Van Beek if you have any questions.