Need of Aid
Charitable Foundation
Application for Additional Benefit Assistance

If requesting benefit assistance above $1500, please provide the *Application for Benefit Assistance,* the *Application for Additional Benefit Assistance* and supporting documentation such as bills or receipts. Email all of the above to needofaid@slcpa.org.

Officer/Professional Staff Information

Last Name _____ First Name _____ DSN _____

Benefit or Service Requested

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Reason Exception Should be Granted

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Explanation of Documentation Provided

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Person Making Request

Last _____ First _____ Cell Phone (_____) _____ - _____

Information provided is confidential and will not be shared outside SLCPA FOP and Need of Aid Executive Boards