

EMERGENCY FUND APPLICATION

I am pleased to forward this Jewish Community Emergency Fund Application. Your Application will be reviewed by the Jewish Community Emergency Fund Committee, which makes awards to eligible individuals with non-recurring emergency needs through the generosity of local donors. Our mission is to be a provider of last resort for one-time or short-term needs when there are no other avenues of help reasonably available.

Please carefully and completely fill out this Application. After you have completed the application, please return it by e-mail or U.S. mail to:

Attention: Itzik Ben Sasson
Jewish Community Emergency Fund Committee
524 Chapala Street
Santa Barbara, CA 93101
itzik7@cox.net

The Jewish Community Emergency Fund Committee consists of representatives of the Community Shul of Montecito and Santa Barbara, Congregation B'nai B'rith, Jewish Family Services of Greater Santa Barbara, the Jewish Federation of Greater Santa Barbara, the Santa Barbara Jewish Community Foundation Fund and one or more at-large Jewish community members. Your Application will be treated with confidentiality, but as part of the process the Committee may discuss among itself information you have provided to one or more members of the Committee on a confidential basis and page two of this Application asks you to consent to the release of such information for the purposes of the Committee's decision-making process.

You will be notified of the results of the Committee's deliberations promptly after the Committee has made a decision. In some cases the Committee may ask you for additional information before making a decision.

Please understand that the total dollar amount of emergency aid awards requested far exceeds the amount of funds we have available for awards. Consequently, we are not able to fund all requests and, if we do decide to fund your request, we may not be able to fund the full amount you request.

Please do not hesitate to call me at (805) 895-6593 or send me an e-mail at itzik7@cox.net with any questions you may have.

Sincerely

Itzik Ben Sasson
On behalf of the Jewish Community Emergency Fund Committee

Jewish Community Emergency Fund Application

First Name: _____ Last Name: _____

Address: _____

Phone Number(s): Home: _____ Cell: _____ Office: _____

Please tell us with which local Jewish organizations, if any, you are affiliated:

Chabad of Santa Barbara: Community Shul of Montecito and Santa Barbara:

Congregation B'nai B'rith: Isla Vista Minyan:

Jewish Federation: Jewish Family Services:

Santa Barbara Hillel: Young Israel of Santa Barbara:

Other (please specify): _____

Amount of Emergency Aid Requested: _____

Latest Date By Which You Must Hear From Us: _____

Please tell us why you are applying for emergency aid. (Please include all relevant information, and any other information that would be helpful to the Committee in making its decision. Please include information as to whether this is a one-time request. If you anticipate needing additional help in the future, please provide details of the anticipated amounts and the timing. Please attach a separate page if necessary.)

Please tell us from whom else (including family members, other organizations, etc. ...) you have applied to for financial assistance, and the amount of aid awarded. (By submitting this application, you agree to tell us if you apply to other organizations for financial assistance.)

Signature: _____ Date: _____

Printed Name: _____

RELEASE OF INFORMATION

I hereby authorize each member of the Jewish Community Emergency Fund Committee (whose current members are listed below) to share with the other members of the Committee information, including information provided by me on a confidential basis, which could be relevant to the Committee's evaluation of this application.

I understand that this Release shall remain in effect while the Committee determines the amount of emergency aid, if any, it will be awarding me and shall continue in effect until the Committee is no longer providing me with emergency aid.

I am aware that I may choose not to sign this Release of Information, but that my failure to sign this Release of Information may impact the Committee's decision concerning my request for emergency aid.

Signature: _____ Date: _____
Printed Name: _____

The Jewish Community Emergency Fund Committee currently consists of representatives of the Community Shul of Montecito and Santa Barbara, Congregation B'nai B'rith, Jewish Family Services of Greater Santa Barbara, the Jewish Federation of Greater Santa Barbara, the Santa Barbara Jewish Community Foundation Fund and one or more at-large Jewish community members. The membership of the Committee may change from time to time, but at all times the members of the Committee will keep information provided confidential (unless required or compelled to disclose the information).