

Plano Independent School District Employee Crisis Fund

Application Form

Name: _____

Phone: (home)_____ (work)_____ (cell)_____

Address: _____

Email: _____

Campus/Department: _____

Immediate Supervisor: _____

Position: Teacher Administrator Paraprofessional Other _____

Length of Service at Plano ISD: _____

Enrolled in PISD medical plan (if applicable)_____

Date application completed: _____

1. Please describe in detail the reason for the request and the crisis situation that has occurred. What is the event that makes this an urgent need?

6. Have you contacted any community resources and what did they recommend and/or provide?
<http://www.pisd.edu/parents/community.resources/> (Reference community resources A-Z)

7. Have you applied for funds from the Crisis Fund previously? If yes, please state month and year. Were you granted the funds requested?

8. Is there a possibility that you will be able to repay any or all of the assistance made available to you by the Crisis Fund?

9. If you are awarded financial assistance from the crisis fund, explain how the funds are going to help you.

10. Once you have completed the worksheet below, if your current expenses exceed your current income, please explain in detail what your financial plan will be moving forward?

Complete the following monthly budget and attach copies of financial bills. Please include any additional information in the space below that you believe may be beneficial to the committee in reaching a decision regarding your request.

Types of Income	Amount	Explanation
Employee Salary		
Spouse Salary (if applicable)		
Investment Income		
Savings		
Other:		
TOTAL MONTHLY INCOME		

Types of Expenses	Amount	Explanation
Housing		
Insurance (House, Auto, Medical and other)		
Auto Payments		
Credit Cards/Consumer loans		
Utilities (Water, Gas, Electric and other)		
Childcare		
Food		
Satellite/Cable		
Telephone		
Gasoline		
Medical		
Clothing		
Entertainment		
Savings/Retirement Funding		
Other:		
Other:		
TOTAL MONTHLY EXPENSES		

Applications that are not notarized will be returned

The preceding information is true and accurate to the best of my knowledge and is a fair and accurate statement of my current financial situation. Additionally, I understand that by signing this application, I am certifying that I am an active employee with Plano ISD in good standing

Employee Signature: _____

Date: _____

This document was acknowledged before me on the ____ day of _____, 20____, by _____, an employee of the Plano Independent School District.

Notary Public, State of Texas