

Passed at the August 26, 2025 Executive Board Meeting

USAWRI Benevolence Fund Guidelines & Application

OUR MISSION

On behalf of the United Service and Allied Workers of Rhode Island, the Executive Board is committed to an effort to provide emergency relief to eligible members who are facing an unforeseen emergency financial hardship of up to \$1,000.

APPLICATION PROCESS

All requests for assistance from the Benevolence Fund shall be made by submitting a “USAWRI Member Emergency Assistance Application” to the staff or any member of the Executive Board. This application can be accessed by going online to www.usawri.org/member_benevolence or by request from staff or members of the Executive Board. The application should contain all information which will aid the Executive Board in evaluating the request. This could be medical bills, physician reports, and fire or flood reports, documented loss of income due to illness or accident. The completed form should be delivered to the USAWRI Office to the attention of the Executive Board.

- All members of the Executive Board will keep requests to and disbursements from the Fund *strictly confidential* to individuals outside of the Executive Board.
- The Executive Board shall approve or deny requests based upon the eligibility criteria listed below and provided that funds are available for distribution.
- The person requesting assistance will be notified of the decision by the Executive Board.
- Upon approval of assistance by the Executive Board, the Financial Secretary-Treasurer will be instructed to carry out any favorable decision within 3 working days, if not sooner.

Eligibility Criteria

- Requestor must be a member in a full or part-time position and have been a member in good standing for at least one year. Temporary workers are not eligible.
- Requestor’s need for financial assistance must come from emergency, unforeseen circumstances beyond the member’s control. This would not include living beyond one’s means. This undue, financial hardship may be the result of sickness, injury, fire, theft, natural disasters such as flood, hurricane, or loss of essential property or primary residence due to circumstances beyond requestor’s (or requestor’s family’s) control and not covered by insurance, the employer or other possible relief.
- Expenses that would not be included for consideration would be: poor financial planning, divorce, non-essential items such as cell phone, cable, credit card payments, expenses related to car repairs, general dentistry, bail, garnishments, judgements, child care, debt repayment or consolidation, litigation, medical needs for which insurance or a charity hospital is available.
- Members may submit only one application within an 18 month period. No more than 3 applications may be submitted within the member’s total time as a member.
- An Executive Board member may not participate in consideration of an application for an award for themselves or for their family member.

USAWRI Member Benevolence Fund Application

Please fill out this form and return to: USAWRI Executive Board; 90 Printery Street; Providence, RI 02904.

CONFIDENTIAL – This form is for OFFICE USE only and may not be disclosed except with specific written consent of the applicant. I understand that a copy of my application will be retained for USAWRI Benevolence Fund records.

Member Name: _____ Place of Employment: _____

Please print

Address: _____

Number and Street

City

State

Zip

Email address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Years as a member of USAWRI _____

Full or Part Time (circle one)

***If this a request from a member on behalf of another member, please provide your name and telephone number.**

Name: _____ Telephone number: _____

Details of Request: Please describe the financial hardship and expenses related to them. Attach copies of bills/documentation related to the emergency that resulted in the financial hardship. Attach additional pages if necessary. **(Note: The Executive Board may request additional information before making a decision.)**

Amount Requested: \$ _____

I certify that the information provided on this application is complete and accurate and that my financial hardship is genuine. I certify all supporting documents that I provide are valid and accurate. I will apply all money received from the fund toward debts related to the hardship. I understand that my application will not be considered for financial assistance if it is found to contain misleading information.

Member signature

Date