**REACTA MEMBER ASSISTANCE FUND APPLICATION**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Retired (mm/yr):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REACTA MEMBER:** Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

\*If answer above is “No”, do not continue to fill out this form as REACTA

 membership is required in order to receive assistance from REACTA.

**AMOUNT REQUESTED (NOT TO EXCEED $500) \_\_\_\_\_\_\_\_**

**REASON FOR REQUEST (PLEASE INCLUDE ALL PERTINENT INFORMATION):**

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***Please use additional paper as needed. Include copies of any supporting documentation.***