

Request for Sunshine Fund Assistance

As APCO International has established a Sunshine Fund for the purpose of providing a measure of financial assistance for those professionals in the public safety communications field who meet with a qualifying event of a nature that affects their personal lives or that of their immediate family members, the following recommendation for assistance is presented for consideration:

Recipient Information

Name of Recipient _____
Street Address _____
City, State, Zip _____
Phone Number _____
e-mail: _____

Place of employment _____

Individual Presenting the Nomination:

Name of Nominee _____
Phone Number _____
e-mail: _____
Relationship to Nominee _____
Are you aware of the circumstances by your direct knowledge _____ (if not):
Reported to you by _____
Phone Number (or contact information) _____

Please Indicate the Life Changing Incident: (check applicable)

<input type="checkbox"/>	Loss of life of an individual or their spouse or dependent child
<input type="checkbox"/>	Critical illness or injury of an individual or spouse or dependent child
<input type="checkbox"/>	Loss of primary residence as a result of a fire, storm, or similar disaster
<input type="checkbox"/>	Critical illness or injury resulting in a disability of the individual
<input type="checkbox"/>	Accident with recoverable injuries of the individual
<input type="checkbox"/>	Damage to individuals primary residence as a result of a fire, storm, or similar

Please Provide Information on The Life Changing Incident

Respectfully Submitted

Date _____

Submit Completed form to:

APCO International
Attention: Human Resources Department
351 N Williamson Blvd.
Daytona Beach, FL 32114
Or Fax to: (386) 239-8397
Or e-mail to: marshallr@apcointl.org