



**Support Fund Application for Assistance**

Please be assured that information provided in this application will be handled in a confidential manner.

Please provide the following information (type or print legibly)

**Argo alumnus associated with this request for assistance:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Years with the Argonauts \_\_\_\_\_

**Current Address**

Street \_\_\_\_\_ Unit/ Apt # \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

**Person submitting the application if not the Player**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Best time to call \_\_\_\_\_

Relationship to the player \_\_\_\_\_

Is this request for directly assisting an Alumnus? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, Please explain the relationship to the Alumnus: \_\_\_\_\_

**Funding Guidelines**

- 1) The purpose of the fund (AASF) is to provide short term assistance to members of the Argo Alumni and their families who have a financial need due to a medical hardship.
  
- 2) The fund is not intended to provide relief from financial difficulty associated with rent and mortgage payments, business ventures and addictions. Applicants can be referred to other agencies

**Outline the circumstances dictating the need for financial assistance**

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**Description of the Request**

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**Amount Requested** \_\_\_\_\_

**Payment Policy**

If this request is approved, payment will be made directly to the creditor. Please include a copy of the most recent invoice or statement with the exact amount you have requested.

I give permission to forward this request to the CFL Alumni Association Support Fund for consideration      Yes\_\_\_\_\_      No\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

Print Name\_\_\_\_\_