



**Need of Aid
Charitable Foundation
Application for Additional Benefit Assistance**



If requesting benefit assistance above \$1500, please fill out the below form completely in conjunction with the *Application for Benefit Assistance* and email to needofaid@slcpa.org.

Officer/Professional Staff Information

Last Name _____ First Name _____ DSN _____

Benefit or Service Requested

Reason Exception Should be Granted

Explanation of Documentation Provided

Person Making Request

Last _____ First _____ Cell Phone (_____) _____ - _____

Information provided is confidential and will not be shared outside Need of Aid