## **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		
	idual Presenting the Nomination:	
Name		
Phone Number		
e-mail:		
Relationship to Recipient Are you aware of the circumsta Reported to you by	nces by your direct knowledge	(if not):
Phone Number (or contact	t information)	
Loss of life of an indi Critical illness or inju Loss of primary resi Critical illness or inju Accident with recove Damage to individua	ne Life Changing Incident: (check applicable) vidual or their spouse or dependent child ry of an individual or spouse or dependent child dence as a result of a fire, storm, or similar disaster ry resulting in a disability of the individual rable injuries of the individual ls primary residence as a result of a fire, storm, or similar ls Information on the Life Changing Incident	milar
Respectfully Submitted		
Date		
	Submit Completed form to:	
APCO International		
Attention: Sunshine Fund 351 N Williamson Blvd. Daytona Beach, FL 32114		
Or Fax to: (386) 239-8397		

Or e-mail to: executiveoffice@apcointl.org