



WORLD SUBUD ASSOCIATION
CARE SUPPORT PROGRAM
SUBUD EMERGENCY FUND

When using this form, please refer to the *Application Guidelines*.
This form may be completed in English, Spanish or French.

- ♦ Complete parts one, two and three and send part four to your Care Support Representative or Kejiwaan Councillor to complete.
- ♦ The Care Support Representative or Kejiwaan Councillor should then scan, fax or mail by post the completed form to the Subud Emergency Fund Secretariat; contact details below.

Subud Emergency Fund
APPLICATION FORM
Confidential

PART ONE: LOCAL HELPER AND APPLICANT

LOCAL HELPER Name: _____ Address: _____ E-mail Address: _____ Group _____ Telephone and Fax: _____	_____ _____ _____ _____ <i>(NOTE: You must provide an e-mail address in your country in order to transfer funds via Western Union. Any active e-mail is acceptable.)</i>
APPLICANT Legal Name: _____ Subud Name: _____ Address: _____ _____	_____ _____ _____ _____

ON A SEPARATE SHEET: Please share with us information about the personal and financial circumstances of our brother or sister and what the grant is needed for. ***Please be detailed and be sure of your facts.*** Unfortunately, many applications are too brief and lack detail. This leads to delays in order to obtain additional information.

Please confirm that all other sources of financial help have been explored and that no previous requests have been made by this brother or sister under his or her own name, under another name or by a family member. If this person has applied before, please indicate this.

ADDITIONAL HELP: What help, if any, is being provided by the local group or by others?

TESTING: Please confirm that testing has indicated that it is appropriate to apply to the Subud Emergency Fund for help. (State how many helpers were present and how many tested positive and if any tested negative.)

PART TWO: PAYMENT DETAILS

Amount requested: local currency _____ USD _____

How is it to be paid? (cheque/money transfer, etc.) _____

BANK: Name: _____

Sort Code: _____

Address: _____

Account Name: _____

Account Number: _____

PART THREE: HELPER SIGNATURES

SIGNED by at least two and preferably three helpers who reviewed this brother or sister's situation, decided that it was right to forward the application to the Subud Emergency Fund, and who then tested and had a clear positive receiving. Please clearly print your full names and then sign. Thank you, helpers. The Subud Emergency Fund very much appreciates your important role and involvement. God bless.

First Helper Name *(please print)* _____

Signature: _____ Date: _____

Second Helper Name *(please print)* _____

Signature: _____ Date: _____

Third Helper Name *(please print)* _____

Signature: _____ Date: _____

PART FOUR: CARE SUPPORT REP. or KEJIWAAN COUNCILLOR SIGNATURE

COUNTERSIGNED by Care Support Representative (CSR). Where there is no CSR, please ask a Kejiwaan Councillor, (KC) who should confirm that he or she has reviewed and tested about this situation and agreed that it should be forwarded to the Subud Emergency Fund.

BROTHERLY REMINDER: We need the CSR or KC to be willing and able to be our main contact and liaison to ensure that the money was picked up and that it was used for its intended purpose. Ideally the CSR or KC would be easily accessible via e-mail. An e-mail reply from the CSR or KC stating that the money was picked up and used for its intended purpose is needed and is greatly appreciated. Rayner may also call you by phone to discuss the situation prior to testing or for follow-up after the application is approved and the money forwarded.

Name *(please print)* _____

Signature: _____ Date: _____

E-Mail Address: _____

Home or Work Telephone Number: _____

After the Care Support Representative or Kejiwaan Councillor has completed the form, please send the form by fax or mail to:

Sarah Becker
COORDINATOR *for the* SUBUD EMERGENCY FUND
2326 May Flower, Providencia
Santiago
CHILE
Phone: +56-2-474-6661
sarahpauli@yahoo.com

Alternate contact or for questions write to:

Annabella Ashby
COORDINATOR *for the* CARE SUPPORT PROGRAM
8 Brookside, Piddinghoe, BN9 9AX, E. Sussex
United Kingdom
Phone: +44 7814 198 807
annabella.ashby@gmail.com