



**WORLD SUBUD ASSOCIATION
CARE SUPPORT PROGRAM - SUBUD EMERGENCY FUND**

When using this form, please refer to the *Application Guidelines on the WSA website under Member Services*. This form may be completed in English, Spanish or French. Complete parts one, two, three and four and send part five to your Care Support Representative or Kejiwaan Councilor to complete. The Kejiwaan Councilor should then e-mail the completed form and other attached documents to the Subud Care Support Coordinator; contact details below.

Subud Emergency Fund Application Form Confidential	
PART ONE: APPLICANT	
<p>Legal Name:</p> <p>Subud Name:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Email address:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Have you applied to the Emergency Fund Before?</p> <p>Has a member of your family applied to the Emergency Fund before?</p>	<p>Yes / No</p> <p>If yes, please give details:</p> <p>Date applied.....</p> <p>Reason.....</p> <p>...</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>What name did you use when applying?.....</p> <p>.....</p> <p>Yes / No</p>

[illegible]

Please confirm that all other sources of financial help have been explored

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

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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.) LOCAL HELPERS NEED TO ANSWER HERE.

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PART THREE: PAYMENT DETAILS

Amount requested: How is it to be paid? (cheque/money transfer, etc.)	Local currency.....	USD.....
	
	Bank Name:.....	
	BIC/SWIFT Code:.....	
	IBAN:	
	Address:.....	
	
	
Account Name:		
Account Number:		

PART FOUR: 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.

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First Helper Name (*please print*):

Signature: Date:

Second Helper Name (*please print*):

Signature: Date:

Third Helper Name (*please print*):

Signature: Date:

PART Five: KEJIWAAN COUNCILLOR SIGNATURE

A Kejiwaan Councillor (KC) should confirm that he or she along with another national helper has reviewed and tested about this situation and agreed that it should be forwarded to the Subud Emergency Fund.

BROTHERLY REMINDER: International Helpers from the member's area will do the final testing. We need the KC to be willing and able to be our main contact and liaison to ensure that the money is picked up and that it was used for its intended purpose. Ideally, the KC would be easily accessible via email. An email reply from the KC stating that the money was picked up and used for its intended purpose is needed and is greatly appreciated. You may also be called 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)*:

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Signature: Date:

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Email Address:

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After the Care Support Representative or Kejiwaan Councilor has completed the form, please send the form and attached documents by e-mail to

Coordinator for WSA Care Support: Illène Pevec

illene.pevec@subud.org

For contact or questions write to the above email address