



**Contact information of person submitting application:**

Name:

Email:

Phone Number:

**Potential recipient's contact information, if applying for another employee:**

Name:

Email address:

Address:

Phone Number:

Amount of funding requested: \$\_\_\_\_\_

**Please describe how you would utilize Connors Cares Funds and describe the circumstances surrounding your request:**

\_\_\_\_\_ Please initial here to indicate that the information provided in this application is both accurate and complete, and that you understand that the falsification or withholding of information may result in a code of conduct review by CSC's Human Resources department.

\_\_\_\_\_ Please initial here to indicate that you understand a follow-up meeting may be required in order to provide documentation of use of funds and to connect you with additional resources as needed.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**