



COVID-19 Assistance Fund Application

Given the uncertainty surrounding employment for our members and their families due to the COVID-19 pandemic, the AESES Board of Representatives established this fund to allow members to apply for assistance with their grocery needs.

It has been established similarly to a Hardship Fund that would be created in the event of a strike or lockout.

All fields of this application are mandatory. Incomplete applications will not be processed.

Please email your completed application to: assistance@aeses.ca
Include 'Benefit Application' in your email's subject line.

Eligibility

Any AESES member who has experienced a negative financial impact on his/her household income due to COVID-19 (e.g., layoff, spousal layoff, reduced hours) is eligible. Applicants may apply more than once but cannot receive benefits more than once in a two-week period.

Benefit Funds

If eligible, the applicable sum listed below will be issued via a gift card for Safeway/Sobeys (these same gift cards can also be used at FreshCo, IGA, and Foodland):

- Single person - \$100.00;
- Common-law/married couple - \$150.00;
- Dependents - \$25.00 each (family maximum not to exceed \$250.00 total)

Receiving Funds

- Applications must be submitted electronically and will be processed once per week
- Gift card will be mailed to your address

Applicant Details

Full Name:			
Employee #:		Campus:	
Department:			
Email Address:			
Phone Number:			
Mailing Address:			
City, Province:		Postal Code:	



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Family Size

Please choose one of the following and list the number of dependents you have, if applicable. A dependent is defined as a child or grandchild who is age 25 or less and living in your household.

- Single person, ____ number of dependents
- Common-law/married couple, ____ number of dependents

Dependent's Name	Dependent's Age	Relationship to Member:

Please outline the extenuating circumstances that explain your need for this benefit:

DECLARATION AND CONSENT

I hereby declare that all the information on this application is complete and true in every respect. I understand that my personal information will be collected and used only for the purposes outlined in the application form by the COVID-19 Assistance Fund Committee and AESES Office staff, and will not be shared with others without my prior express consent. I understand that request of these funds for anything other than emergency funding purposes could result in the disqualification from future funding.

Type your name and today's date below to confirm your declaration and consent electronically:

Name: _____ Date: _____