**IHCUS Crisis Fund**

Dedicated to providing direct support and care for all qualified participants who find themselves in hardship related but not limited to owner illness, canine illness, natural disaster, or other crisis as reviewed and approved by the committee and IHCUS BOD.

**Qualifications:**  
1. IHCUS members in good standing   
2. Meet the necessary requirements for assistance as expressed in this document hereafter.   
  
The IHCUS crisis fund has been established to provide incremental relief for those suffering from the devastating realities of life altering events.   
  
**Application**

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| First Name: Click or tap here to enter text. |
| Last Name: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Telephone #: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. |
| Are you a current member of IHCUS in good standing?  Yes  No  Click on appropriate box |
| Are you actively involved in dog activities?  Yes  No  Click on appropriate box  If so, please state which ones. Click or tap here to enter text. |
| Please provide information of 2 people in the sport who would serve as character references (club member, judge, handler, etc) including name, address, phone & email if available.  **First Reference**  Name: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Phone #: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. |
| **Second Reference**  Name: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Phone #: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. |
|  |
| Please explain the reason for your application using as much detail as you can. The crisis committee may contact you for more information regarding bills, ***contact information***, etc. Please be prepared to provide copies of any and all pertinent documentation. All applications and information are confidential and will be used for the IHCUS Crisis Committee purposes and will be shared only with the IHCUS Board.  Click or tap here to enter text. |
| Please note the amount of assistance you are applying for:  Maximum of $500.00  $Click or tap here to enter text. |
| **Note:** The Crisis Committee and/or IHCUS Board has the discretion to grant a lesser amount than requested if the application is approved.  Funds are never released to individuals for personal use but are rather distributed in such a fashion as to directly alleviate the financial stress associated with crisis directly.  The Crisis committee reviews all applications and makes a timely ruling based on the information you provide. The committee may ask for more details in order to make an effective ruling. Once a ruling is made the decision is passed to the IHCUS BOD of directors for approval. |

**Send your application and any documentation to:** [**crisis@ihcus.org**](mailto:crisis@ihcus.org) **or mail it to:**

**IHCUS Crisis**

**6512 Craig Rd**

**Durham, NC 27712**  
  
IHCUS and the Crisis Committee are committed to aiding those in a time of need.

We thank you for reaching out to us.