

Application for assistance: Submit to Treasurer@TXENA.org



Ansley Faith Gollihugh Assistance Grant
Texas ENA Relief Fund

Date of request:

Name of ENA member requiring assistance: _____

Address to which money can be mailed to:

ENA Member Employer:

ENA member number or Chapter the individual is a member of:

Brief description of hardship:

How many individuals are affected by this hardship:

Brief description of monetary needs. ie: what will these funds be used for:

Other details to assist application approval: