



NCA DISASTER RELIEF FUND - APPLICATION FOR AID

The NCA Disaster Relief Fund distributes money to eligible salon professionals in need of assistance due to the loss of income and/or property as a result of natural disasters. To apply for consideration, please complete this form in its entirety.

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: M F SSN: _____-_____-_____

Permanent Address:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email Address: _____

Temporary Address (if applicable):

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

WHAT IS THE BEST WAY TO REACH YOU? _____

PROFESSIONAL INFORMATION:

Licensure: <input type="checkbox"/> Barber	Professional Classification: <input type="checkbox"/> Salon/Spa Employee
(Select one) <input type="checkbox"/> Cosmetologist	(Select one) <input type="checkbox"/> Booth Renter
<input type="checkbox"/> Educator	<input type="checkbox"/> Salon/Spa Manager
<input type="checkbox"/> Esthetician	<input type="checkbox"/> Salon/Spa Owner
<input type="checkbox"/> Nail Technician	<input type="checkbox"/> School Owner
<input type="checkbox"/> Unlicensed: _____	<input type="checkbox"/> Educator

License #: _____

State of Issuance: _____

At the time of disaster (Select one):

Currently (Select one):

- I was employed full time
- I was employed part time
- I was not employed

- I am employed full time
- I am employed part time
- I am not employed

If you were employed before the disaster, please list your place of employment & contact information:

Industry Reference (i.e. local distributor, industry contact):

Name: _____

Phone: _____ email: _____

At the time of the disasters

My annual salary (including tips): _____

Number of hours worked per week: _____

My current assets are:

Liquid (Cash, checking & savings): _____

Other (Investments, property value, other – please list): _____

Please use the space below to provide a brief description detailing the disaster and your estimated losses of income and/or business related assets not covered by insurance (and attach any supporting documents):

What do you need in the way of supplies (select all that apply)? *

Food Irons Blow Dryers

Clothes Brushes Shears

Other: _____

Do you need salon furniture or other large equipment? Please include details: *

** Although the NCA Disaster Relief Fund will not be directly involved in the distribution of these items, your information will be provided to the appropriate parties to request assistance on your behalf.*

I certify that the information listed above is complete and accurate. I further certify that if any of the above information changes, I will immediately notify the National Cosmetology Association's Disaster Relief Fund in writing of the changes.

Signature

Date

Please send completed application and any additional documents to:

NCA Disaster Relief Fund – C/O National Cosmetology Association

15825 N 71st St, Suite 100, Scottsdale, AZ 85254

Fax: 480-905-0708 nca@ncacares.org www.ncacares.org