



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: (Select one) Barber, Cosmetologist, Educator, Esthetician, Nail Technician, Unlicensed:
Professional Classification: (Select one) Salon/Spa Employee, Booth Renter, Salon/Spa Manager, Salon/Spa Owner, School Owner, Educator

License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

- At the time of disaster (Select one): I was employed full time, I was employed part time, I was not employed
Currently (Select one): 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:

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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): \_\_\_\_\_

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**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):**

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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: \*

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*\* 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.

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Signature

Date

**Please send completed application and any additional documents to:**

NCA Disaster Relief Fund – C/O National Cosmetology Association

401 N. Michigan Ave, Suite 1900, Chicago, IL 60611

Fax: 312-464-6118    [Nca1@ncacares.org](mailto:Nca1@ncacares.org)    [www.ncacares.org](http://www.ncacares.org)