

***JOHN MOORE ELECTRICAL  
INDUSTRY ASSISTANCE FUND***

**Application For Assistance**

Name of Person in Need: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Electrical Industry: Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Describe the Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this person receiving additional compensation: \_\_\_\_\_

\_\_\_\_\_

Submitted By: \_\_\_\_\_

Your Contact Information: \_\_\_\_\_

**For Committee Use:**

Notes: \_\_\_\_\_

\_\_\_\_\_

Approval Date: \_\_\_\_\_ Approval Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Approval Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Approval Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

**Submit forms to the John Moore Electrical Industry Assistance Fund by faxing, mailing or email to:**

**9715 Northeast Parkway Suite 300 Matthews NC 28105**  
**Phone: 704-365-4016 Fax: 704-364-4040 email: [kparker@carolinaseca.org](mailto:kparker@carolinaseca.org)**

Application will be considered by committee appointed by Board of Directors.  
All efforts will be made to accommodate your request, but assistance is not guaranteed