

## Request for Sunshine Fund Assistance

As APCO International has established a Sunshine Fund for the purpose of providing a measure of financial assistance for those professionals in the public safety communications field who meet with a qualifying event of a nature that affects their personal lives or that of their immediate family members, the following recommendation for assistance is presented for consideration:

### Recipient Information

Name of Recipient

Street Address

City, State, Zip

Phone Number

e-mail:

Place of employment

### Individual Presenting the Nomination:

Name

Phone Number

e-mail:

Relationship to Recipient

Are you aware of the circumstances by your direct knowledge (if not):

Reported to you by

Phone Number (or contact information)

#### Please Indicate the Life Changing Incident: (check applicable)

- Loss of life of an individual or their spouse or dependent child
- Critical illness or injury of an individual or spouse or dependent child
- Loss of primary residence as a result of a fire, storm, or similar disaster
- Critical illness or injury resulting in a disability of the individual
- Accident with recoverable injuries of the individual
- Damage to individuals primary residence as a result of a fire, storm, or similar

#### Please Provide Information on The Life Changing Incident

**Respectfully Submitted**

**Date**

Submit Completed form to:

APCO International  
Attention: Human Resources Department  
351 N Williamson Blvd.  
Daytona Beach, FL 32114  
Or Fax to: (386) 239-8397  
Or e-mail to: [marshallr@apointl.org](mailto:marshallr@apointl.org)