



APPLICATION FOR ASSISTANCE
ASA Educational Foundation COVID-19 Fund
American Society of Appraisers

11107 Sunset Hills Road, Suite 310
Reston, VA 20190
Phone: (800) 272-8258

The ASA Educational Foundation COVID-19 Fund's purpose is to support the family of ASA member appraisers who have died from COVID-19. The ASA Educational Foundation Board of Directors can make assistance available to any member's family impacted that meets the Board of Directors' standards in accordance with the Educational Foundation's Certificate of Incorporation and By-Laws. Assistance is made at the sole discretion of the Educational Foundation's Board of Directors, considering the Underwriting Standards.

GENERAL INSTRUCTIONS:

- Type or print and complete all of the applicable information. Incomplete applications will not be considered.
- The request may be denied if false or misleading information is given.
- The Board of Directors will act on all applications and will render its decision within 45 to 90 days of receipt of any applications.
- The approval process can take several weeks. If a request for assistance is approved, it is also the policy of the ASA Educational Foundation to make any payments directly to the individual making the request.

APPLICANT INFORMATION

Name: _____
Address: _____
City: _____ State/Province: _____ Postal Code: _____
Phone: _____ E-Mail: _____
Country: _____

MEMBER INFORMATION

Member Name: _____ ASA Member Number: _____
Date of Passing: _____ Relationship to Member: _____
Online Obituary Link: _____

DETAILS REGARDING FINANCIAL NEED

Please provide description detailing circumstances leading to requesting financial assistance:

AFFIRMATION

Under the penalties of perjury, all of the information provided by me, or any person on this application, is true and complete to the best of my knowledge. I understand that this application is being filed jointly by all. If asked by an authorized official of the ASA Educational Foundation, I agree to give proof of the information contained in this application. I also understand that if I do not supply proof of information when requested, the processing will cease.

Applicant: _____ Date: _____

PROCESSING

Please make sure you have fully completed, dated and signed this application. Please SCAN PDF file and e-mail to:

Joseph Noselli
Chief Financial Officer
American Society of Appraisers
inoselli@appraisers.org
703-733-2125

You will be advised by mail or electronic mail if further information is required or if your request is granted or denied.

ASA Educational Foundation Use Only	
Date Received: _____	Date Forwarded to Reviewers: _____
Approved: _____	Denied: _____
Date Applicant Notified: _____	
Comments:	
Signature of Processor: _____	Date Signed: _____