



MONMOUTH/OCEAN AAPC LOCAL CHAPTER HARDSHIP APPLICATION

Reason for Request for Aid

In as much detail as you can please provide the reason for this request, and the nature of your financial hardship. Please send this form to president@monmouthnicoders.com (please include your name and member ID number in the subject line).

The above information is accurate to the best of my knowledge yes

(Box must be checked for application to be considered)

Signature: _____ Date: _____

HARDSHIP APPLICATION

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

AAPC Membership#: _____

Member since: _____ Renewal Date: _____

List all AAPC Credentials: _____

Are you employed? Yes No

Current Employer: _____

How long have you worked there? _____

Has Assisted been requested by Employer? Yes No