



Washington Mutual Alumni Emergency Assistance Program
Application Form

PERSONAL INFORMATION

DATE OF APPLICATION: ___/___/___

Name:

Last First Middle

Street Address:

Street (Apt) City, State Zip

Mailing Address:

Street (Apt) City, State Zip

Telephone Numbers:

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Home Telephone Mobile

Email Address:

- Best Time(s) to call: Monday, Tuesday, Wednesday, Thursday, Friday
Anytime, 8:00 am - Noon, Noon - 4:00 pm, 4:00-8:00 pm

How did you learn about our program?

Approximately when did you start working at Washington Mutual? (mo/yr) ___/___

Last Position Held at WM/Chase: Termination Date: ___/___/___

Please check the box(es) that best describe your need for assistance:

- Trouble covering expenses for: Medical care, Food, Housing, Child Care, Job hunting, Transportation, Utilities, Other (Please specify):

Amount of assistance requested (maximum \$500):

PLEASE INCLUDE COPIES OF YOUR FINAL PAY STUB* AND YOUR TERMINATION NOTICE* FROM JP MORGAN CHASE ALONG WITH YOUR COMPLETED APPLICATION AND MAIL TO:

WM Alumni Emergency Assistance Program
P.O. BOX 221007
Seattle, WA 98122-0

* If we already have your pay stub and termination notice from a prior application, please check this box, and you will only need to send in your new application:

You will receive an email response if you meet the minimum eligibility criteria noted on our web site. Following that, you will be sent a phone appointment time to meet with Wellspring Family Services.