## **Connecticut Nurses’ Foundation COVID 19 Hero’s Fund – Individual applications**

## The Ct Nurses Association (CNA) provided access to CT citizens to contribute to the COVID Hero Fund. The CT Nurses' Hero Fund gave the public an opportunity to support and thank nurses for their work during the COVID-19 pandemic. The funds collected to date have exceeded the $10,000 goal set in April 2020. The funds collected will be equally distributed to these categories:

## Nursing education scholarship for the future nurses in CT.

## Community services donation for care-focused for nurse’s well-being and safety; and

## **Distribution of remaining funds to the nurses that care for Connecticut and for “unexpected expenses” incurred from March 1 to October 31, 2020. The Hero Fund amounts will be offered until the allotted funds are exhausted. The allotment per application will not exceed $250.00. Nurses must be licensed in CT as LPN or RN. An application is provided below for your request.**

\*Please note that for unexpected medical expenses, applicants will be referred to the E. Kirk Out-of-Pocket Medical Expense Fund. The E. Kirk fund is only available to CNA members. If a nurse is not a CNA member, a one-year membership to CNA membership may be provided by CNF. As a CNA member you would qualify to for the E. Kirk Out-of-Pocket Medical Expense Fund. The application for E. Kirk Fund can be accessed by CNA members at[**https://www.ctnurses.org/**](https://www.ctnurses.org/)

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| Date of application:  | **Application request for funds to support our nurses with your unexpected expenses as a result of the challenges during COVID.****Information is confidential.** | Date application received: |
| Full Name (print):   |  |
| Mailing address: |  |
| Contact email and phone that is best to contact you. | Phone: Email: |
| Connecticut Nurse License Number (Active) |  |
| Are you a member of ANA or CT Nurses Association (CNA) | * Yes
* No
* I do not know
* Want to be a member
 |
| Please provide the membership #, If you are a member of ANA or CNA |  |
| Please share a brief description of the unexpected expenses and desired amount, which are not covered by insurance or other benefits. \*Does not include medical expenses. | A copy of an invoice or bill must be attached.Dated from March 1, 2020 to October 31, 2020.Identify the unexpected expenses for your personal or professional needs.Amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (not to exceed $250.00). |
| Please provide a brief description the circumstances related to your request for assistance. (2-3 sentences) |  |
| Signature/Printed Name/Date |  | Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved amount\_\_\_\_\_\_\_\_\_\_\_\_Date of response |

Deadline for submission of applications will remain open until funds are depleted.