Iowa State Police Association Officer Assistance Program

Confidential

ASSISTANCE REQUEST FORM

Donation: $_____

Member Since:_____

Local #:_____

FOR OFFICE USE

DATE OF INCIDENT / INJURY:_____

APPLICANT CELL PHONE #: _____

APPLICANT NAME:_____ **DATE OF BIRTH:**_____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____ **EMAIL:**_____

SPOUSE NAME:_____

CHILDREN'S NAMES & AGES: (*Living in the home***)**

_____

AGENCY:_____**JOB TITLE:**_____ **DATE OF HIRE:** _____

SUPERVISOR:_____**WORK PHONE #:**_____

REASON FOR REQUEST: (*describe need and nature*)

Amount Requested $_____($100 minimum to $1,250 maximum)

REFERRING PERSON INFORMATION

NAME:_____**CELL#:** _____

JOB TITLE:_____ **AGENCY:**_____ **WORK PHONE #:** _____

ISPA MEMBER: *Yes*☐ *No*☐ **E-MAIL ADDRESS:** _____

Please submit completed form to Ispaonline@gmail.com with Subject Line: Officer Assistance Program

P.O. BOX 108 ~ Gilbertville, IOWA 50634
PHONE: 515-299-5320 ~ EMAIL: ISPAONLINE@GMAIL.COM