



Safe Harbor Relief Application

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Member Name: _____ Phone: _____

Club: _____ District: _____

Explanation of Financial Need: (refer to PI Policy 333 - Safe Harbor Disaster Relief)

Amount Requested (USD): ___ \$250 ___ \$500

I hereby certify that the foregoing information is true and correct, and verify that financial assistance is requested for the reasons stated above.

Applicant Signature: _____ Date: _____

For Official Use - Pilot International Headquarters:

Date Application received: _____

Amount approved: _____

Date Funds Disbursed: _____

Notification to District Governor (date): _____