



AIDING SECURITY PROFESSIONALS IN NEED

“Meeting needs in the security industry, one event at a time.”

2020 Beneficiary Application Form

The intended use of this form is to nominate a deserving Security Industry Professional for the receipt of service or financial support. ASPIN has set a goal of \$50,000 for 2020 fundraising efforts. Our hope is that we will significantly impact people’s lives through the generous donations of individuals and companies within the security industry. The beneficiaries will be selected by the ASPIN Board of Directors. Criteria to qualify as a recipient are as follows.

- Must be a current member of the Security Industry (immediate family members are also qualified).
- Recipient must be nominated by a company participating with ASPIN in the following ways.
 - * Sustaining Sponsor - Donation of \$5,000 per year
 - * Sponsor or Participate in ASPIN’s annual fundraising events.
 - * Anyone in the security industry that has made a donation (of any amount) to the ASPIN General Fund.

Examples of need include but are not limited to...

- Diagnosis of a medical condition that is expected to create financial hardship in the near future.
- Must have a life event that caused significant financial hardship within the past 18 months. Examples include but are not limited to:
 - Natural Disaster that affected home or personal property
 - Unforeseen medical expenses
 - Major/Minor work related accident
 - Vehicle accident
 - Death of a family member

Please use this section of the form to describe the situation of the potential beneficiary. Please do your best to keep any medical issues private for confidentiality sake. It is also recommended to ask permission from the person before the nomination is made.

POTENTIAL BENEFICIARY: _____

DESCRIPTION OF NEED: _____

_____.

THIS FORM IS USED FOR NOMINATION PURPOSES ONLY. THERE IS NO GAURANTEE THAT YOUR NOMINATION WILL BE ACCEPTED TO RECEIVE THE ASPIN CONTRIBUTION.

If additional space is needed feel free to use additional pages.

Nominating Company: _____

Name of Company Representative: _____

Date: _____