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WORLD SUBUD ASSOCIATION

CARE SUPPORT PROGRAM

SUBUD EMERGENCY FUND

**FOLLOW-UP FORM**

|  |  |
| --- | --- |
| Name of applicant: |  |
| Name of Subud Group and Country: |  |
| Name of person completing this form: (Kejiwaan Councillor or Helper who signed the application form) |  |
| Reason for application:Amount granted: | Medical care\* / personal hardship\* |
| Please outline how the emergency fund was spent and the outcome (was it helpful?) |  |

\*please delete one