THE EMERGENCY FUND

Please fill out this application completely and submit to your administrator/director for signature approval and submission. Refer to the Emergency Fund Policies & Procedures for further information located at **TheEmergencyFund.com**. All information provided in this application will be kept confidential. MINIMUM 6 MONTH EMPLOYMENT REQUIRED TO APPLY. Full-time and part-time positions are eligible.

Questions? Please contact your service center at 949-487-9500

GRANT APPLICATION

Name: _____ Employee ID: _____

Facility / Location: _____ Current Job Position: _____

Are you: Full-Time OR Part-time Hourly Wage / Annual Salary: _____

Please check one:

_____ Active Employee / Date of Hire _____
(Minimum 6 months employment required to apply)
_____ Former Employee / Retiree (within 6 months of departure date)
_____ Surviving Family Members of an eligible employee

What other options have you looked into to meet this need? (Loan from family/friends; vacation cash out, etc.)

_____

_____

Is there anyone else that contributes to your household income? (Spouse, partner, etc.) **Yes** / **No** If yes, amount $_____

How many children under 18 years old are in your household? _____

Amount Requested $_____ (Required) Have you ever applied for emergency funds in the past? **Yes** / **No**

Specify how you will use these funds: Medical Expenses: $_____ Rent: $_____ Food: $_____

Utilities: $_____ Funeral Expenses: $_____ Other: $_____(Please explain)_____

Describe your emergency need, in detail: (Attach additional pages, if needed) _____

_____

_____

_____

_____

Please scan and email this signed application to: EmergencyFund@ElevateCharities.org

Applicant Signature: _____ Date: _____

My signature above indicates that I have completed this application truthfully.

Administrator / Director Signature: _____ Date: _____

FOR OFFICE USE ONLY: