



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 949-540-2071

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: _____ <i>My signature above indicates that I have completed this application truthfully.</i>	Date: _____
Administrator / Director Signature: _____	Date: _____

FOR OFFICE USE ONLY:
