



Grant Application

Application must be filled out completely for consideration

Employee Name: _____
Last First Middle

Current Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Facility/Location: _____

Current Job Title: _____ Date of Hire: ____/____/____

Employment Status: Active Inactive Status: FT PT PRN

Event Details: (please use a separate sheet of paper if additional space is needed)

Date and Type of Event: _____

Event Type – Explain in detail: (supporting documentation IS Required)

Relationship to Employee: _____

Is employee financially responsible for the hardship in question? Yes No

Has health insurance been applied to medical bill? Yes No

Have you reached out to the provider to see about financial assistance? Yes No

If yes, what were the results?

Explain financial hardship caused by the event and any out of pocket costs: (attach supporting documentation)

Employee/Applicant Signature

Printed Name

Date