SHARE TO CARE
sharetocarefund.com

Grant Application - Other Event

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 of Event: _____

Event Type – Explain in detail: (attach supporting documentation)

_____

_____

_____

Relationship to employee: _____
Is/was the individual a contributor to the household? □ Yes □ No
Is individual a legal dependent and living in household? □ Yes □ No
Is the employee financially responsible for household expenses? □ Yes □ No
Did/does the individual live in the household? □ Yes □ No

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

_____

_____

_____

I acknowledge that the decision of the Share To Care Fund Committee is final. I certify that the information provided, and any accompanying materials/documentation is complete and accurate to the best of my knowledge. If the information in this application form changes, I will notify the Share to Care Fund Committee immediately. I understand that this application may be denied or withdrawn if it is incomplete and/or if any information reported is found to be intentionally misleading, inaccurate, or fraudulent. I agree that the Share to Care Fund Committee has the right to validate any information provided and will reclaim any money that has been paid as a result of fraudulent or misleading claims.

_____

Employee/Applicant Signature Printed Name Date