

Grant Application Form

Please print this form and fax it to our confidential Lotus Notes mailbox at 901-214-1451 or toll free at 877-603-0756.

Personal Information: Please complete each item and provide supporting documentation where applicable.
(This information will be blanked out before application is sent to committee members)

Name Personnel Number
Please enter your complete 8 digit Personnel # found in the upper left section of your pay stub.

Current Address Permanent Address

Home Telephone Number Work Telephone Number

Business Unit/Division Work Address

Dependents as defined in IP Benefit plans
Dependent eligibility would include your spouse to whom you are legally married, unmarried dependent children under the age of 19, unmarried dependent children between age 19 and 25 if a full time student enrolled in and attending an accredited secondary school, college, university or school of nursing.

Name Relation to employee

I hereby certify that the information contained in this application is true, correct and complete, and that I am requesting assistance only for amounts that are not reimbursable from insurance or any other sources.

Employee's Name (please print) Date

Employee's Signature

Review Committee Information

(This information will be used to determine the eligibility of your request.)

Initials *(Please enter your initials here)*

Individual(s) needing assistance:

Self Dependents as defined in IP Benefit plans

(spouse, child, etc.)

Combined Family Income \$

Detailed description of the event (natural disaster or personal emergency) that has occurred to cause you to seek help from the Fund: *(attach additional sheets if this text box is not large enough)*

Date of the event

Detailed description and estimated cost of damages to essential property and/or basic living needs that are being unmet, i.e., food, shelter, clothing. Please provide invoices or other documentation as appropriate. Note: Insurance deductibles and lost wages cannot be reimbursed by the fund. *(attach additional sheets if this text box is not large enough)*

Have you applied to, or contacted any other local or federal agency or your union for relief?

Yes No

If yes, what organization(s)?

Red Cross

Salvation Army

FEMA

United Way

Other, please list:

Have any of the organizations you contacted been of assistance? Please describe. *(attach additional sheets if this text box is not large enough)*

This item must be completed before the application is submitted to the Grant Review Committee.

Do you have homeowners, rental, and/or flood insurance coverage or other sources of income to cover these expenses?

Yes No

If yes, please specify which coverage applies and amount of funding available.

(attach additional sheets if this text box is not large enough)

Total amount of uninsured loss: (please provide documentation)

\$

Please complete the Family Budget Form. Also please submit your most recent pay stub showing Regular pay.