UNITED WE CARE

REQUEST FOR MATCHING GRANT FUNDS

*This form **must** be filled out by the Team Members' Store Director.*

To apply for assistance, you must be a team member with United Supermarkets for a minimum of six months. Please complete this application completely to help us to process your application faster.

Remember that the Fund is not part of United Supermarkets. We are an independent, non-profit corporation made up of and governed by United Supermarkets team members. The decisions we make are our own. The fund was started in 2007 to assist team members suffering severe financial hardship resulting from a catastrophic event in their lives. These are generally emergency medical or personal circumstances for which a person could not be expected to be adequately prepared through responsible financial planning and budgeting. All information given will be kept confidential among the Board members.

A decision by the Board will be made within three weeks of receipt of request and a letter will be mailed to your home to inform you of the Board's decision. Maximum amount per request is to be determined. A team member may only submit one application every 6 months. Decisions of the Board are final.

Team Member's Name: _____
Team Member #_____ Team Member Department: _____

Date of Emergency: ___ / ___ / ___
Date Assistance is needed: ___ / ___ / ___

Date of fundraiser: ___ / ___ / ___
Type of fundraiser: _____
How much money was raised? $_____
Were there any **single** donations over $500? Yes □ No □ If so, how much? $_____
Were any funds donated by the Team Member in need, or their family? Yes □ No □
If so, how much? $_____

To your knowledge, what is the emergency that the team member is going through?
_____
_____
_____

Do you know the situation personally? Yes □ No □

If not how do you know about the situation? _____

Additional Comments: _____
_____

I, _____, verify that all money raised during the fundraiser was raised by Team Members only. No money was donated by guests, vendors, or parties outside of the company.

_____ _____
Today's Date Typed or printed Name

_____
Signature