

**Ken LaChance Colleague Emergency Fund Application**

*Please refer to the* [*Ken LaChance Colleague Emergency Fund program description*](http://kenlachancefund.com/fund-description/) *prior to completing this application.*

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| **Name:**       | **Date:**       |
| **Address:**       | **City:**       | **State/Prov:**    | **Zip:**       |
| **Please check one:**[ ]  Active Colleague (employed 3 months or longer)[ ]  Active Temporary or Contract Colleague[ ]  Former Colleague (separated from employment within the previous 12 months or less)[ ]  Retiree[ ]  Surviving Dependents or Family Members of an Eligible Colleague |
| **Social Security Number:**       (last 4 digits only) | **Primary Phone:**       |
| **Email:**       | **Secondary Phone:**       |
| **Hire Date:**       | **Grant Amount Requested:** $      |
| **Please attach copies of the following (check all that are applicable):**[ ]  Specific bill(s) for which I am requesting funds[ ]  Death certificate (deceased colleague/dependent)[ ]  Police / Fire reports[ ]  Other:      [ ]  Other:      ***\*\*Please be aware that the Colleague Emergency Fund Committee may request additional information to verify financial need and access to other financial resources prior to grant approval.*** |
| I certify that the information provided in this grant application is true and correct to the best of my knowledge. Any intentional misrepresentation of information contained in this application will result in forfeiting this and any future grant application. I authorize Ken LaChance Fund, Inc. and the Program Administrator to verify my employment earnings records, bank accounts and/or any other assets needed to process my grant application. I understand that any grant I receive from this program is considered a charitable contribution and is not considered taxable income subject to IRS or Revenue Canada taxation. |
| **Signature:** | **Date:**       |

**Completed applications should be emailed to** **CEFrequest@convergint.com****. Or mail to *CEF Program Administrator, One Commerce Drive, Schaumburg, IL 60173*. Allow longer handling time for mailing.**

*(application continues on the next page)*

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| **Grant Amount Requested:** $      |  |
| **Please answer the following questions completely.** *All information given will be confidential. Financial disclosure is required (if additional space is needed, use a blank sheet and attach to the application).* |
| **1. Describe the emergency situation that has caused the financial hardship, including when you became aware of the situation, and how long you expect the situation to last.**      |
| **2. How will the grant be spent? Provide a detailed description of the specific expense(s) this grant would be used for and include any available documentation.**      |
| **3. When do you need the grant?**      |
| **4. Describe your existing assets or available resources to meet this emergency; cash, checking and savings accounts, investments, loans, and other sources of income.**      |
| **5. Describe the alternatives available to you if the grant is not awarded (i.e., 401k loan or hardship withdrawal, RRSP withdrawal, bank loan, etc.)?**      |
| **6. Will any of these expenses be covered by insurance? Provide details of insurance coverage and deductibles available to cover this emergency situation, and the date you expect to receive insurance.**      |
| **7. Have you ever applied for a grant from this fund before? If so, when and what was the result?**      |
| **8. Other comments or information that would be helpful in reviewing this grant application?**      |

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