



GLENNER H.E.A.R.T. FUND - HARDSHIP ASSISTANCE REQUEST FORM (Helping Employees in A Real Time of Need)

The Glenner H.E.A.R.T. Fund is a grant-based initiative made 100% possible through the voluntary donation of vacation hours by George G. Glenner Alzheimer's Family Centers, Inc.® employees, allowing us to support team members who are experiencing unforeseen personal hardship.

Grants may be awarded in the amounts of \$250, \$500, \$750 or \$1,000, depending on the nature and severity of the situation.

Please read the following terms and acknowledgments carefully before submitting your request.

Eligibility & Program Details:

By signing below, you are acknowledging that you have read and understand the following:

I understand that this program is intended to support current employees facing a verified personal hardship, such as financial hardship, medical emergency, loss of housing, natural disaster or critical family crisis.

I understand that each request will be reviewed confidentially and on a case-by-case basis, and that submission of this form does not guarantee approval or funding.

I understand that, if awarded, the grant will be a one-time, non-repayable disbursement, subject to available donated vacation hours/funds.

I acknowledge that employees are eligible to apply only once per calendar year, regardless of the outcome of the application.

I acknowledge that funding for this program comes solely from voluntary vacation time donations by Glenner employees and is therefore limited.

Applicant Information:

Employee Name: _____

Department: _____

Supervisor: _____

Date of Request: ____ / ____ / _____

Grant Amount Requested:

Please select the amount you are requesting (subject to review and availability):

- \$250 \$500 \$750 \$1,000

Description of Hardship:

Please provide an explanation of the hardship you are currently facing and why financial assistance is being requested. Attach additional documentation, if necessary:

Certification & Signature:

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that misrepresentation may result in denial of assistance.

I understand and agree that this request is subject to review and that final decisions are made at the sole discretion of the designated H.E.A.R.T. Fund Committee.

Signature: _____ Date: _____ / _____ / _____

Grant Awarded:

Yes

No

Amount Awarded: \$250 \$500 \$750 \$1,000

Date of H.E.A.R.T. Fund Committee Review and Determination: _____ / _____ / _____

Date Employee Notified: _____ / _____ / _____

Date Grant Paid (if applicable): _____ / _____ / _____

Please submit completed form to your supervisor for review.