



EMPLOYEE ASSOCIATION APPLICATION

Employee Name: \_\_\_\_\_ Location: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Reason for Request: (Please attach all documentation related to your request)

Amount Requested: \$\_\_\_\_\_ \*Maximum request amount is \$600 per year

Is there anyone else that contributes to your household income? (Spouse, partner, etc)

Yes No If Yes, please list amount: \$\_\_\_\_\_

Have you ever been awarded Employee Association funds in the past?

Yes No If Yes, please list amount and date: \$\_\_\_\_\_ / \_\_\_\_\_

I understand that if my request is approved, I will not be able to submit another request for assistance for six (6) months from payment and not to exceed \$600 in one year. In the event of a denial, I can resubmit for different circumstances at any time. I authorize the employee association to make payment directly to the organization or company providing the services described in my attached application and documentation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Submitted by (if other than employee):

\_\_\_\_\_  
Relationship to Employee:

(For official use only)

Employment eligibility verified: \_\_\_\_\_ Employed 6 months \_\_\_\_\_ Receipt Attached \_\_\_\_\_  
Verified by: \_\_\_\_\_ Human Resources \_\_\_\_\_ Date \_\_\_\_\_ Reason Code: \_\_\_\_\_  
Date Sent to Selection Committee: \_\_\_\_\_  
Selection Committee: Approve Deny Approve Deny  
Grandview Terrace HRC: \_\_\_\_\_ The Colonnade AL: \_\_\_\_\_  
Grandview Terrace IL: \_\_\_\_\_ The Colonnade IL: \_\_\_\_\_  
La Loma Village HRC: \_\_\_\_\_ Sun Health Admin.: \_\_\_\_\_  
La Loma Village IL: \_\_\_\_\_  
Approved Denied Amount Approved: \$\_\_\_\_\_ Date: \_\_\_\_\_