

Employee Hardship Fund Application

PERSONAL INFORMATION

Last Name _____ **First Name** _____ **UID** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Cell Phone _____ **Email** _____

Preferred Contact Method: **Cell Phone** **Email**

EMPLOYMENT INFORMATION

Hire Date _____ **Department** _____

Classification: **Faculty** **Staff**

I am currently employed at 51% FTE or greater? **Yes** **No**

I am currently on a leave of absences? **Yes** **No** **If yes,** **Paid** **Unpaid**

APPLICANT CERTIFICATION

All information and documentation within and attached to this application is complete and accurate. If awarded, I will apply all money received from Wright State's Hardship Fund towards debt related to the temporary financial hardship due to an emergency described herein. I understand that my application will be invalidated if it is found to contain misleading or false information. I understand that the university will take reasonable measures to protect my privacy. However, understand that my anonymity cannot be guaranteed. I understand that funds may not be available at this time, and that my application does not guarantee approval of funds. I have provided supporting documentation and agree to provide additional information that may be requested by the Hardship Fund Review Committee. If awarded, I acknowledge the money is subject to all applicable tax withholdings, which will be reflected on my pay statement.

Applicant Signature _____ **Date** _____

Committee Use Only:

Application# _____ **Approved** **Not Approved** **Date** _____

Employee Hardship Application

APPLICANT REQUEST

I am a Wright State employee who has experienced the following:

Death in the family

Uninsured losses caused by fire, crime, or other disaster

Unexpected expenses due to illness

Loss of family income

Other

List and describe your most urgent debt or bills:

Have you established any payment plans with creditors for past due amounts?
If yes, please describe

Yes No

I would like to request \$ _____ in assistance due to an unexpected hardship (maximum?).

How quickly would you like to receive the fund disbursement?

Today's date

Will any of these expenses become covered by insurance?
If yes, please describe (include coverage and deductibles, if applicable)

Yes No

Do you expect to receive any settlements or reimbursements to assist?
If yes, please describe

Yes No

ADDITIONAL INFORMATION

This section should serve only to clarify your situation and support your application.

Please provide any information to help the committee make a recommendation. Please note that you are not required to provide personal information that would prove embarrassing or cause added emotional stress. However, the better the committee understands the events that have occurred, the better they will be able to evaluate your request.

Please attach documentation of any events for which it is available. This may include, but is not limited to: Certification of medical condition, Death certificate, Obituary, Medical bills, Insurance claims, Police reports, Expense receipts, Foreclosure or eviction notice, Severance package or separation notice.