

Mary Greeley Medical Center Foundation
Employee Emergency Fund Application

The Employee Emergency Fund is funded by employee donations and its intended use is for employees who find themselves in an emergency situation that could not have been anticipated or avoided. If you feel your situation fits the criteria, please fill out this application and submit to the Mary Greeley Medical Center Foundation.

____ I am currently employed by Mary Greeley Medical Center. Date: _____

____ I have applied for hours through the Medical Emergency PTO Leave Bank through HR.

Name: _____ Employee Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Department: _____ Phone/extension: _____

Specific Amount Being Requested: \$ _____ (maximum allowed at one time: \$1,000)

Please describe your need. Be specific about how this became an emergency need and what other solutions you have already tried. Use the reverse side and include attachments that would assist in determining whether your request qualifies.

Please list full name, complete address and phone number for the payee. If approved, the distribution will be made directly to the appropriate provider and NOT to the applicant.

Check payable to: _____

(Note: A W-9 form may be required.)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Account # if appropriate: _____

I am submitting this to the best of my ability and understand my application will be confidential.

Signature of applicant

Date

This is a confidential application. The application will be reviewed and the Director of the Foundation will be in touch with you no later than seven (7) business days after the application is received.