

## ASSOCIATES FOR ASSOCIATES EMERGENCY FUND APPLICATION

The Bath & Body Works Associates For Associates Emergency Fund is administered by The Columbus Foundation to help ensure funds are distributed efficiently, equitably, and with discretion. The Columbus Foundation staff will handle the day-to-day administration and grant-making decisions as they relate to this fund. Bath & Body Works will not be involved with those decisions. All applications are kept in strict confidence and are considered on the basis of need and eligibility.

Please read program guidelines before applying for all program details/requirements. Documentation of your hardship event and expenses are <u>REQUIRED</u>. Please be prepared to share documents, such as but not limited to, paystubs, mortgage statements, utility bills, car loan statements, medical excuses or leave of absence documentation. *Temporary/Seasonal associates are <u>NOT</u> eligible for program.* 

COMPLETE THIS FORM AND SEND TO:

- EMAIL: <u>bbwa4a@columbusfoundation.org</u>
- MAIL: Bath & Body Works Associates For Associates Emergency Fund C/O The Columbus Foundation 1234 E. Broad St, Columbus, OH 43205
- FAX: 614-251-4010 (ATTN: Bath & Body Works Associates For Associates Emergency Fund)

ASSOCIATE FIRST & LAST NAME			ASSOCIATE ID
HOME STREET ADDRESS			
HOME CITY	HOM	IE STATE	HOME ZIP CODE
() HOME/CELL PHONE	EMAIL		
LOCATION TYPE (HOME OFFICE, DC, STORE)		JOB TITLE	Ξ
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AMOUNT OF GRANT REQUESTED – MAXIMUM AMOUNT IS \$2,500; Minimum amount is \$250

## ASSOCIATES FOR ASSOCIATES ELIGIBLE HARDSHIP EVENTS PLEASE CIRCLE YOUR HARDSHIP EVENT IF YOUR SITUATION IS NOT LISTED HERE, IT IS NOT ELIGIBLE FOR THE PROGRAM (\*SEE GUIDELINES FOR ELIGIBLE FAMILY MEMBERS)

Acts of Nature/Large Scale Natural Disasters	House Fire	Government-declared disaster	Death of Immediate Family of Associate or Spouse*
Domestic/Physical Abuse Victim	Crime Victim (non-violent or violent)	Emergency Travel for Medical Treatments, Ill Family Members or Family Funeral*	Experiencing Homelessness Must be result of landlord selling property, landlord negligence or being asked to leave a residence that you are listed on lease/mortgage. You cannot be in violation of your lease agreement to be eligible.
Illness/Injury	Non-routine Vehicle Repair Must provide: -vehicle registration -professional estimate	Lost or Stolen Money Police report required	Residential Disaster Ownership required
Spouse/Partner Loss of Job/Income			

## Please answer the following questions regarding your situation. Documentation of event & expenses required.

Please provide a description of your hardship event that led to your request for help. Use additional pages if necessary. You will be required to document the event. Examples include Doctor's excuses, police or fire reports, news stories, professional estimates, letters from landlords or social workers.

Please describe the needs that have resulted from the event. Use additional pages if necessary.Attach supporting documentation, such as paystubs, mortgage/rent statements, utilities, medical bills, etc.

I attest the information provided above is true to the best of my knowledge & the grant I am applying will be used for needs that are not met by any other source for assistance. I acknowledge that my receipt of the requested grant is dependent upon whether I am eligible for such grant & the availability of funds. I authorize The Columbus Foundation to verifying my employment with Bath & Body Works and for Bath & Body Works to share my employment status, type, and hiring date with The Columbus Foundation.

## ASSOCIATE SIGNATURE

DATE

You are submitting the information to The Columbus Foundation. All information shared in this application will remain strictly confidential. The Columbus Foundation will contact a Bath & Body Works Human Resources representative for the sole purpose of verifying employment. Bath & Body Works will receive confidential reports that share the fund's balance and number of associates served. These reports have no personal identifying information