



BOYD MIDWEST FAMILY PRIVATE FOUNDATION

Boyd Midwest Family Private Foundation

Financial Hardship Application

(To be filled out by MFM Employee or MFM Agent)

Personal Information

Name of Nominator (MFM Employee or Agent): _____

Name of Agency (if you are an Agent): _____

If you are an MFM employee, what is your hire date?

Hire Date: _____

Your Address: _____

City, State, Zip: _____

Your Email: _____

Your Phone: _____

If we need to contact you, does the Foundation have permission to leave a voice message on your phone?

Yes _____ No _____

Nominator's Relationship to Nominee:

Self _____

Spouse _____

Child _____

Grandchild _____

Other (please specify relationship) _____

Your Nominee (if not self):

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Have you requested a hardship grant from the Foundation before? Yes _____ No _____

*If yes, when was the last application submitted? _____

Date

Required Information from Nominator

1. Please provide a written statement explaining your nominee’s emergency hardship and the expenses related to it. Include copies of bills related to the emergency that resulted in financial hardship.
2. Include what efforts Nominee has made to obtain financing from other sources. Successful? Please provide documentation.
3. Attach all documents with your application.

General Information

1. The Committee will review all applications submitted. Final decision will be made at the discretion of the committee.
2. Due to limited resources available, funds will not be granted more than once per year and/or per nominee. In addition, if you have previously submitted a hardship application, the committee will take this into consideration when reviewing this application.
3. The Hardship Committee members will have access to the application. Confidentiality will be maintained at all times.

4. The Boyd Midwest Family Private Foundation will not consider any application until all required documentation is provided. Additional information/documentation beyond what is requested on the application may be requested in order for the decision to be rendered.

5. The grant is intended to cover financial hardships due to the following emergencies, but not limited to:
 - Medical, dental or mental health emergency expenses.
 - Utility shut-off notices.
 - Replacement costs of essential personal belongings as a result of fire, theft or natural disaster that are not covered by insurance.
 - Death of Immediate Family Member: (Parent, Spouse, Sibling or Child).
 - Accidents.

Application Process

Please submit a completed application and required statements/documentation to:
foundation@midwestfamily.com (scan and email documents) or Fax: (763) 951-7195

- The Committee will review the fund balance and issue an award based on fund availability as well as the amount requested.

-All supporting documentation must be attached to the application to substantiate the need for the grant. Funds which have been requested or used from other sources must be listed.

- You will receive a determination letter once it has been reviewed by the Committee.

If this application is seeking funds to pay a bill the Nominee owes, the Foundation will send payment directly to the Payee. Please provide the name of payee/company, contact name and number, and mailing address below.

Upon review of this application we may need to contact the Payee. We need Nominee's permission to speak with their Payee (regarding Nominee's account). Please initial to confirm you have notified the Nominee of such and the Foundation has Nominee's permission to contact Payee directly. _____

We may ask you to contact the payee to inform them that you have provided the Foundation permission to speak with them regarding your account.

Signature of Nominator (MFM Agent or MFM Employee) submitting this application is required. By signing below, you are acknowledging the above to be true and correct to the best of your knowledge.

Signature

Date