

BOYD MIDWEST FAMILY PRIVATE FOUNDATION

Boyd Midwest Family Private Foundation

Service Worker Hardship Application

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

Date _____

Personal Information

Name of Nominator (MFM Agent or Employee): _____

Your Email: _____

Your Phone: _____

Name of co-sponsor (MFM Agent or Employee): _____

Email: _____

Phone: _____

Name of Agency if applicable: _____

Address: _____

City, State, Zip: _____

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

Yes _____ No _____

Your Nominee (Information for Check)

Payee: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Required Information from Nominator – Attached Written Statement

1. Please provide a written statement explaining your nominee’s Situation. If possible, refer to media articles or websites. Include any information you have that explains what funding will be used for.
2. Please provide any information you have regarding funds that have been established for this person or situation.
3. Please provide the name and address or email of the local news source where a press release can be sent.

Local Newspaper Name and Address _____

Email and Phone if available. _____

General Information

1. The Committee will review all applications submitted. The final decision will be made at the discretion of the committee.
2. The Hardship Committee members will have access to the application. Confidentiality will be always maintained.
3. 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.

4. The grant is intended to cover financial hardships due to the following emergencies, but not limited to:
- Death or serious injury to a Service Worker (ex., Police Officer, Firefighter, etc.)
 - Requests for assistance with local community hardship situations.

Application Process

Please submit a completed application and required statements/documentation to:
foundation@midwestfamily.com (scan and email documents).

- 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.

Signature

Date