



# BOYD MIDWEST FAMILY PRIVATE FOUNDATION

## Boyd Midwest Family Private Foundation

### Financial Hardship Application

(to be filled out by MFM employee)

Date \_\_\_\_\_

#### Personal Information

Name of MFM Employee: \_\_\_\_\_

#### Application made on behalf of:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Is it OK to leave a voice message on this phone? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ In the case where the Payee is not the applicant, please check to confirm the Foundation has your permission to contact Payee directly.

Relationship to MFM Employee:

Self \_\_\_\_\_

Spouse \_\_\_\_\_

Child \_\_\_\_\_

Grandchild \_\_\_\_\_

If your relationship to Midwest Family Mutual is through an employee, was the hire date of that employee before December 31, 2023?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

\*Signature of Applicant or MFM employee submitting application on behalf of:

\_\_\_\_\_  
*Signature Required*

### **Required Information from Applicant**

1. Please provide a written statement explaining your emergency hardship and the expenses related to it. Include copies of bill related to the emergency that resulted in financial hardship.
2. Include what efforts you have made to obtain financing from other sources. Have you been successful? Please provide documentation.
3. Attach all documents with your application.

### **General Information**

1. Due to limited resources available, funds will be given on a one-time basis.
2. Confidentiality will be maintained at all times. The Hardship Committee members will have access to the application.
3. The Boyd Midwest Family Private Foundation will not consider any application until the 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:
  - 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:

Email: [foundation@midwestfamily.com](mailto:foundation@midwestfamily.com) (scan and email documents)

OR

Fax: (763) 951-7195

- The Hardship Committee will review the applications on an as-needed basis. Decision will be made at the discretion/consensus of the committee.
- Applicants may be asked to make a personal or electronic appearance with the committee.
- The Committee will review the fund balance and issue an award based on the 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.
- The applicant will receive a determination letter once it has been reviewed by the Committee.