



Hardship Application

PLEASE READ CAREFULLY

Purpose

The Whitsons Family Foundation was created to assist Whitsons team members and their immediate family members in a time of need. The temporary assistance provided by the Foundation is intended to provide supplemental income to cushion the financial hardships caused by certain unanticipated events or disasters. It is not intended to be part of a long term financial solution, or to supplement good financial planning.

Eligibility

All Whitsons team members in good standing*, who have been employed for six months or longer, and who are regularly scheduled to work are eligible to apply. *Good standing is defined as not being on probation and free of verbal or written warnings the last six months.

Submittal

Applications for hardships are due by the 15th of the month. Any application received after the 15th will be reviewed the following month. Applications will remain anonymous to the Selection Committee: names, locations and other identifying information will be removed prior to application review, although this information will remain available to the Board of Trustees and its legal or financial advisors. Reviews will be held once per month, and may be reviewed more frequently at the Committee's discretion based on the timeliness of need for each applicant.

The types of hardships that the Selection Committee will consider include, but are not limited to include: **losses or injuries occasioned by Acts of God, natural disasters (such as floods, tornadoes, earthquakes, fires), terrorist or military action, violent crimes or physical abuse, accidents, death or disability of the primary wage earner, and other causes or circumstances beyond the control of the eligible recipient.** A Hardship Award may be used only to cover the basic necessities of the eligible recipient in the event of hardship, such as: food, clothing, housing (including necessary repairs), childcare (in order to allow the eligible recipient to work or obtain medical assistance), transportation, medical assistance (including psychological counseling) and funeral expenses.

Applications will be reviewed and awarded by the Selection Committee 1x per month. Each application will be weighted based on the need presented and funds available for distribution. Application data will not be shared with anyone outside of the Selection Committee, Board of Trustees, their legal or financial advisors, or where required by law.

Applications can be submitted in one of the following ways:

- Email: Familyfoundation@whitsons.com
 - Fax: 631-750-4357 (Please fax only if you do not have access to send via email)
 - Hand-delivered to Laura Grasso in the Corporate Office
 - Mail: Whitsons Culinary Group, Attn: Whitsons Family Foundation, 1800 Motor Parkway, Islandia, NY 11749
- PERSONAL AND CONFIDENTIAL



WHITSONS FAMILY FOUNDATION HARDSHIP APPLICATION FORM

**DEADLINE FOR APPLICATION REVIEW FOR EACH MONTH IS THE 15TH.
ANY APPLICATIONS RECEIVED AFTER THE 15TH WILL BE REVIEWED THE FOLLOWING MONTH.**

Confidential Information - PLEASE PRINT CLEARLY:

Name:		Date Submitted:
Phone#:		
Address:		
Location:		
Email:		

Legal Disclosure

I, _____ hereby declare that I have provided true and accurate information to the best of my knowledge and that the above request is accurate and not covered by insurance or other. I further understand that any false or misleading statement on this application will immediately disqualify my application, and subject me to possible forfeiture or other legal action.

Applicant Signature _____

Date: _____

Screening Questions: Please circle Yes or No

Y	N	Applicant has been employed with Whitsons for at least 6 months (if not 6 months, has met probationary 90 days)?
Y	N	Does applicant have any write ups/warnings on file (verbal and/or written) within the last 6 months? <i>*Please note if your answer is yes - PLEASE DO NOT APPLY, you must wait until 6 months has passed since the last verbal or written warning.</i>
Y	N	Has applicant been awarded by the Family Foundation within the past year from the date of this application? <i>*Please note if your answer is yes - PLEASE DO NOT APPLY, you must wait until year has passed since your last award.</i>
Y	N	Applicant has attached ALL supporting documentation that can verify the hardship? <i>*For example: medical bills, hospital bills, accident reports, insurance quotes, eviction notice, mechanic quotes, etc *If applicant is only including a past due utility bill, they must include documentation that shows why the bill has not been paid. They must show documentation that caused the hardship.</i>

Hardship Information:

Detail of event creating the emergency need:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Description of how this grant will be utilized to alleviate the hardship. Please be specific.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Dollar Amount of relief requested:	\$	
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OFFICE USE ONLY:

Application #:		Good Standing? Y <input type="checkbox"/> N <input type="checkbox"/>	Committee Vote: Y <input type="checkbox"/> N <input type="checkbox"/>
Date Received:		Date of HR Check:	Amount Approved \$

Purpose

Whitsons Family Foundation was created to assist Whitsons team members and their immediate family members in fulfilling their need or desire for a higher education. Scholarships are intended to be used solely by a Whitsons team member or their immediate family member. A team member can only receive one scholarship grant per year. Funds received may only be used to defray the cost of tuition, enrollment fees, books, supplies and equipment required for the course of study.

Application Submittal

Applications for scholarships will be accepted until February 15th of each year. If February 15th falls on a weekend or holiday, the deadline is the first working day after February 15th. An eligible recipient must be currently enrolled (or admitted to enroll) in an accredited higher education program in the United States of America leading to at least an Associate's Degree or higher. He or she must provide proof of acceptance into a higher education institution. An eligible recipient must have received a cumulative G.P.A. of at least 3.0 in the academic year over the last 4 years preceding the date of the application.

Selection Criteria will include, but not be limited to, a 3-year history of scholastic performance, ACT/SAT Test scores, school or community service activities, involvement in sports or other extracurricular activities, work history, financial need and essay evaluation. Additional requirements are set forth in the Selection Rules and Procedures established by the Board of Trustees.

Applications will be reviewed by the Selection Committee. Grants will be awarded based on the number of applicants, the applicant's merit and available funds. Application data will not be shared with anyone outside of the Selection Committee, the Board of Trustees, and their legal and financial advisors, without the applicant's prior approval, except where required by law.

Applications can be submitted in one of the following ways:

- Email: Familyfoundation@whitsons.com
- Fax: 631-750-4357
- Hand-delivered to Laura Grasso in the Corporate Office
- Mail: Whitsons Culinary Group, Attn: Whitsons Family Foundation,
1800 Motor Parkway, Islandia, NY 11749
PERSONAL AND CONFIDENTIAL

Scholarship Grant Application Form

Date Submitted: _____

Team Member Name: _____

Team Member Account Location: _____

Telephone: _____ Email: _____

Address: _____

Applicant Name (*if other than Team Member*): _____

Applicant Relationship to Team Member: _____

Applicant Home Address: _____

Educational History

Name and address of most recent school attended by applicant: _____

Highest Education Level Completed by Applicant:

high school or GED partial college undergraduate degree

attended graduate school completed graduate school

Cumulative GPA (over 4 years): _____

(Proof must be provided in the form of official transcripts)

ACT/SAT: _____

(Proof must be provided)

Honors/Awards – 3 Year History

Describe any honors or awards applicant has received. Include the name of the award, date received and reason for award.

School or Community Services – 3 Year History

Please provide details on any school or community service projects in which applicant is or has been involved. Include dates of service, nature of service provided and reason for involvement.

Sports or Extracurricular Activities – 3 Year History

Provide details on any sports or extracurricular activities in which applicant is or has been involved. Please provide dates for each activity.

Work History

If any, please provide relevant history of applicant's work experience. Use additional sheets as necessary.

Financial Assistance

Provide details of any other financial assistance received or awarded applicant to cover applicant's education.

Unusual Circumstances

Please detail any family or personal circumstances or hardships which you think warrant consideration.

Educational Plans

Name and location of College or University applicant is or will be attending:
(please submit proof of enrollment)

Enrollment full or part time?: _____

Anticipated major/degree: _____

The Following Must Be Submitted With the Application

- Completed and signed application form with all required documentation.
- Letter of acceptance (or similar proof) of enrollment into higher education program.
- 2 letters of recommendation. If currently enrolled in school, one must be from someone at that academic institution. The second can be from any unrelated adult who is not a Whitsons team member.
- Essay must be typewritten and at least 500 (but not more than 1,000) words in length, double spaced.
 - Essay Topic: Describe your personal aspirations and career goals in your chosen field of study. Include motivating factors or experiences which helped shape your educational plans and career goals.

Legal Disclosure

I, _____ hereby declare that I have provided true and accurate information to the best of my knowledge. I further understand that any false or misleading statements on this application (or any enclosed documentation) will immediately disqualify my application, and may subject me to forfeiture or other legal action.

Print Applicant Name: _____

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

RECEIPT OF APPLICATION: Date Received: _____

COMMITTEE REVIEW: Accepted Rejected Date: _____ Amount Approved: _____

HR REVIEW: In Good Standing? Yes No Date: _____

TRUSTEE REVIEW: Accepted Rejected Date: _____

FINAL ACCEPTANCE: Amount Approved: _____ Date Reviewed: _____