



CHARITABLE FOUNDATION

Request # _____
Date _____

**Benevolence Application for Healthcare Employees**

The MANA Charitable Foundation Benevolence Fund provides assistance to health care employees who have experienced a personal catastrophic event or one in their immediate family. Any Northwest Arkansas resident who works in the healthcare field is applicable for assistance from the MANA Foundation benevolence fund.

The benevolence fund was established to aid in emergency situations; to provide coverage for basic health and welfare needs. Types of requests that will be considered for approval could include but are not limited to rent, electric, gas, and water services, food, maintaining health insurance, or assistance when an employee's home is destroyed by fire, flood or other disaster. All requests will be reviewed on a case-by-case basis.

Anyone may apply for the benefit of another person. If application is made for another person, the individual with the emergency or a family member should the grant recipient be incapacitated, will be contacted to confirm and complete details for the application. The person making application will remain confidential.

All applications need to be returned to the Fayetteville Community Foundation. The Community Foundation will notify MANA Charitable Foundation of the request. The Grantmaking Committee at the Fayetteville Community Foundation will approve or disapprove the application. If approved, the Fayetteville Community Foundation will notify the applicant of the amount of assistance to be given. Funding will not exceed \$200.00 per event. However, the committee may make an exception for unusual circumstances. Applicants may not receive assistance more than once per event. They may, however, apply again for another unique event.

*Instructions:* This confidential information form is for use in processing your benevolence fund request. Complete it as carefully as possible. Be sure to complete each section fully to ensure prompt attention to your application. Please do not leave anything blank. If you need assistance ask someone to help you.

IDENTIFICATION DATA (Please Print)

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Length of Service: \_\_\_\_\_ Position: \_\_\_\_\_ Department: \_\_\_\_\_

Names of People Living in Your Household	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_

Has application for assistance been made to any other source, and if so with what result?

Previous assistance from benevolence fund  Yes  No *If Yes, Date* \_\_\_\_\_ *Amount received* \_\_\_\_\_

Please tell us the background to your current emergency. Explain what occurred and how we can help you.  
(Continue on a separate sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much assistance are you requesting? \_\_\_\_\_

*Please attach copies of bills if they pertain to your request.*

I certify that the above information is true.

Applicant Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Please return the application to the Fayetteville Community Foundation to be processed:

**Fayetteville Community Foundation**

PO Box 997

Fayetteville AR 72702

Phone: (479) 444-6880

Fax: (479) 935-9268

**COMMITTEE USE ONLY**

Recommendations:

Committee Action: \_\_\_\_\_ Date \_\_\_\_\_

Amount Approved \_\_\_\_\_

Reason if not approved \_\_\_\_\_

Applicant Notified \_\_\_\_\_ Date \_\_\_\_\_ Check Received \_\_\_\_\_ Date \_\_\_\_\_