

**SCHNUCKS PROUD ASSISTANCE FUND  
APPLICATION FOR ASSISTANCE**

**THE PROGRAM:** This Fund helps teammates or eligible dependents who are experiencing economic hardship and are unable to afford housing, utilities, funeral costs, hospital bills and other basic living needs because of a **natural disaster; life-threatening illness or injury; death or other catastrophic or extreme circumstances** beyond the teammate's control.

**ELIGIBILITY:** All current and future Schnucks teammates who have experienced financial hardships due to emergency situations beyond their control are eligible to apply for **The Schnucks Proud Assistance Fund**. If the teammate has passed away, then a spouse or eligible dependent may apply. **A teammate can only be approved for assistance once within a one year period.**

**GRANTS:** The maximum grant amount available for assistance is \$3,000. The maximum award is not guaranteed, and in many cases, a lesser amount will be awarded based on need. All payments are made directly to vendors as bill payments; certain exceptions may apply.

**The fund is powered by the United Way of Greater St. Louis and United Way staff is available to assist all applicants with this process. Call 833-814-0406 or email [SchnucksProud@stl.unitedway.org](mailto:SchnucksProud@stl.unitedway.org) with questions.**

**SECTION A: WILL YOU QUALIFY?**

To qualify for this program and receive assistance you must meet all 3 of these requirements:

- You must be currently employed by Schnucks **and** have been employed at the time of the incident.
- The qualifying incident must have happened within the past 60 days.
- Your situation **MUST** fall into one of these four categories: *(check the one below that describes your situation)*
  - Natural Disaster:** For situations, such as a wildfire, flood, tornado, hurricane, severe storms or earthquake, that have damaged or destroyed the teammate's primary residence. The Fund cannot pay to repair other property and cannot pay to replace non-essential items, such as electronics or furnishings. *Photographs or insurance reports may be required.*
  - Life-Threatening or Serious Illness or Injury:** For the teammate, spouse and eligible dependent(s). The Fund is not a substitute for medical insurance and is not intended to cover insurance deductibles. teammates do not automatically qualify for a grant when they, or their dependents, are diagnosed with or suffer a life-threatening or serious illness or injury. There must be resulting financial need including an inability to pay basic living expenses. *Doctor confirmation or medical documentation will be required.*
  - Death Incident:** This includes the death of the teammate, spouse or eligible dependent(s). The loss of income, cost of burial or funeral expenses (see exceptions), or resulting medical bills prevents a teammate or the teammate's family from affording basic living expenses. Exceptions: The Fund cannot pay for travel to or from funerals, caskets, or grave markers. *Copy of the death certificate or obituary will be required.*
  - Catastrophic or Extreme Circumstances:** This includes but is not limited to: fire, major home damage that could not be prevented, serious crime against the teammate (robbery, arson, assault, domestic abuse, extreme vandalism), or another reportable incident beyond the teammate's control that impacts the ability to afford basic needs. Catastrophic or extreme circumstances do not include: credit card debt, home foreclosure, wage garnishment, bankruptcy, child support payment, car repair, taxes, or accumulated financial distress. *Police, Fire or other official incident report may be required.*

**\*\*\*If your situation does not qualify for the Schnucks Proud Hardship Fund, you can call United Way 2-1-1 by dialing 2-1-1 or 1-800-427-4626 24/7/365 to see other potential options for assistance.**

**SECTION B: YOUR GENERAL INFORMATION**

**Applicant Name** (please print clearly): \_\_\_\_\_ **Teammate ID #:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County/Parish/Country: \_\_\_\_\_

**Daytime Phone:** ( ) \_\_\_\_\_ Is it okay to leave you a message?  YES  NO

**Other Phone:** ( ) \_\_\_\_\_ Is it okay to leave you a message?  YES  NO

Current Mailing Address (if different from above): Street \_\_\_\_\_

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

Store number or location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Teammate Name (please print clearly): \_\_\_\_\_

**SECTION C: DESCRIBE YOUR SITUATION**

Which qualifying situation caused the financial hardship? (Read the descriptions on page 1 in **Section A**. Circle the category **below** that best fits your situation. *Call 833-814-0406 with questions.*)

**Natural Disaster      Life-Threatening Illness or Injury      Death Incident      Catastrophic or Extreme Circumstances**

Type of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
(example: tornado, fire, flood, type of injury, name of illness, domestic abuse) **(must be within past 60 days)**

Who has been affected by the situation? \_\_\_\_\_

Is the affected person covered by medical or disability insurance? \_\_\_\_\_ Have they applied for disability benefits? \_\_\_\_\_

If your home was damaged, will insurance cover part of the cost? \_\_\_\_\_ Your deductible amount? \_\_\_\_\_

How many people live in your household?      Number of adults \_\_\_\_\_      Number of children \_\_\_\_\_

Describe the incident in detail: What happened? \_\_\_\_\_

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

Describe how the incident has caused your financial hardship: How has this made it hard to afford your basic living needs?

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

Estimate the financial impact of the incident: How much has this cost you? \_\_\_\_\_

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

Please tell us anything else that would help us understand the hardship you or your family are experiencing. **If this application is being completed by someone other than the teammate (as in the case of death or other inability to complete the form), please explain and provide a contact name and information.** \_\_\_\_\_

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

Have other resources been considered or used, such as American Red Cross, Salvation Army, local faith organizations, United Way 2-1-1 referral service, or other, similar social services agencies? Describe those efforts and the response you received:

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

Teammate Name (please print clearly): \_\_\_\_\_

**SECTION D: ASSISTANCE GRANTS**

**Grants are only to help pay for limited types of essential living expenses, which are:**

- Rent, mortgage or other housing payments
- Temporary housing and security deposits for new housing
- Essential utility bills (electricity, heat, water)
- Medical expenses incurred within past 60 days related to the incident and not covered by insurance
- Resulting financial need from family member or dependent diagnosed with life-threatening disease
- Resulting financial need as a result of cost of burial or funeral expenses (see Section A) capped at \$3,000
- Crime such as robbery, arson, assault, domestic abuse, vandalism that impacts the ability to afford basic needs

**Grants cannot be made to pay for other, non-essential expenses do not request payment for these things, such as:**

- Insurance premiums or deductibles
- Cable, phone or internet service
- Car payments, repairs or car insurance
- Furniture, appliances, electronics
- Accumulated financial issues or credit card debt
- Accidental damages due to negligence
- Legal fees, legal fines or court costs

If the application is approved, payments will be made on your behalf to the vendor(s) you list. **All grants are made directly to vendors as bill payments; certain exceptions may apply.**

Provide the name of the vendor to be paid, the complete address, the account number or identifying information, amount due, and due date. Although the maximum grant amount is \$3,000, smaller sums are often awarded, so list the vendors in order of priority. **For each vendor, attach appropriate documentation (bills, lease, mortgage coupon, statement, etc.).**

***NOTE: We cannot make payments without clear, complete information including full account numbers or other payment information, addresses and documentation. Omitting this information or copies of your bills will delay your application.***

<b>Vendor/Biller Name</b>	
<b>Complete Mailing Address for Payment</b>	
<b>Basic Need Covered</b>	
<b>Payment Amount &amp; Due Date</b>	
<b>Account Number or Identifying Information</b>	

<b>Vendor/Biller Name</b>	
<b>Complete Mailing Address for Payment</b>	
<b>Basic Need Covered</b>	
<b>Payment Amount &amp; Due Date</b>	
<b>Account Number or Identifying Information</b>	

<b>Vendor/Biller Name</b>	
<b>Complete Mailing Address for Payment</b>	
<b>Basic Need Covered</b>	
<b>Payment Amount &amp; Due Date</b>	
<b>Account Number or Identifying Information</b>	

Teammate Name (please print clearly): \_\_\_\_\_

## Application Checklist:

Did you remember the following?

- ✓✓ Carefully read the requirements to see if you qualify
- ✓✓ A copy of your paystub or payment statement (to help verify employment)
- ✓✓ Complete Sections A-D of the application
- ✓✓ Check Section D that your grant requests are allowed by the program
- ✓✓ Sign Section E: Declarations and Agreement page
- ✓✓ Attach copies of documentation such as: bills, leases, mortgage coupon or statement
- ✓✓ Include all required documentation (medical, police & fire reports, obituaries, etc....)

### SECTION E: DECLARATIONS AND AGREEMENT

No teammate is entitled to receive a grant, either by their employment, their history of contributions to the Fund or because of any precedent inferred from a previous grant from the Fund. Grants will not be made before a teammate has demonstrated an immediate financial need and provided all required documentation.

This application will be treated in a confidential manner by The United Way of Greater St. Louis; however non- identifying statistical information will be reported to Schnucks on a periodic basis.

Teammates are expected to provide truthful and accurate information. In its due diligence, if United Way discovers any information to be untrue, it shall have the right to unilaterally waive its confidentiality and report its findings to Schnucks. The fiduciary expectations of all Schnucks teammates are paramount, and a breach of these standards will be reported to Schnucks.

Your signature below certifies that the information provided is true and complete, authorizes United Way to obtain and/or verify all information necessary to process this application, and releases Schnucks and The United Way of Greater St. Louis from any liability associated with the rejection of or funding of this application. Remember that the maximum amount any teammate or family member can receive in a one year period is \$3,000. It is likely that, from time to time, lesser amounts will be awarded. In addition, you agree to provide the requested documentation supporting the information provided.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Each application for a grant must include:

- Assistance Application
- Vendor documentation (bills to be paid)
- A copy of the death certificate or obituary notice if Death Incident
- Police, Fire, or other official incident report if for Catastrophic Circumstances
- Medical documentation if needed
- Copy of paystub or payment statement

**Mail or fax completed and signed application with requested documentation to:**

**The Schnucks Proud Assistance Fund  
C/o United Way of Greater St. Louis  
910 N. 11th Street  
St. Louis, MO 63101  
FAX: 314-539-4145**