

HARDSHIP FUND APPLICATION

The College of the Holy Cross has established a Hardship Fund to support employees of the College who are experiencing financial hardship as a result of the COVID-19 emergency. The fund provides Holy Cross employees with an opportunity to apply for monetary grants for essential goods and services, including, but not limited to, utility bills, medical costs, child care expenses, and the cost of food or other household necessities. Before applying for hardship funds, please review the Hardship Fund Policy for eligibility, criteria, and disbursement information.

The Decision-Making Committee may ask employees for additional documentation, beyond what is requested in this application, before a final decision is made on the employee's application. All decisions made by the Committee are final and non-appealable.

All information requested below must be provided for the application to be considered by the Decision-Making Committee. All information provided will be kept confidential and will be shared only on a need-to-know basis for purposes of administering the Hardship Fund.

Section I: Employee Information

Employee Name: _____

Home or Cell Phone Number: _____

Email Address: _____

If the Hardship Fund Committee requests additional information, e.g. to request receipts or other documentation of expenses incurred, how should we contact you?:

_____ Phone _____ Email

Section II: Additional Information About the Financial Hardship

Your Job Title: _____

Department: _____

Years of Service: _____

Full Time: _____ Part-time: _____

Estimate your **individual** gross annual salary (from all jobs): _____

Estimate your gross annual **household** income (all members of household): _____

Was any anticipated household income reduced due to COVID-19? Yes _____ No _____

If yes, how much: _____

Were you furloughed from your Holy Cross job?: Yes _____ No _____

If yes, what dates did/will your furlough start and end: _____

Were you or a household member furloughed/laid off from another job?: Yes _____ No _____

If yes, what dates did/will the furlough start and end, or what was the effective date of lay-off: _____

Type of hardship request you would like to make:

_____ Food expenses

_____ Housing expenses

_____ Costs of utility bills

_____ Costs of other household bills (other than utility bills), please specify: _____

_____ Necessary technology expenses

_____ Necessary transportation expenses

_____ Medical expenses

_____ Child Care expenses

_____ Other (explain in detail):

Have you previously applied for a hardship fund disbursement? : Yes ___ No _____

If you answered yes, please state the date on which your request was submitted:

1. Please use the below table to explain the nature of the financial hardship in reasonable detail (e.g. "unexpected bill for car repair...", "medical bill not covered by insurance...", etc.). If you need more room, use an additional page.

Hardship Item (specify exact nature of expense)	Amount
TOTAL	

2. Please explain how your financial hardship was caused by or relates to the COVID-19 emergency (e.g. "I am temporarily furloughed from my Holy Cross job", "I was laid off from another job", "A member of my household lost health insurance", etc.):

3. Please provide any additional information that you would like the Decision-Making Committee members to consider. If you need additional room, please submit on an additional page. You may submit supporting documentation, such as receipts or invoices.

Section III: Please circle the amount of the monetary grant you are requesting from the

Hardship Fund: \$250.00 \$500.00 \$750.00

All monetary awards are considered taxable income and subject to tax withholdings. If approved for a financial award, the award will be treated as a “one-time payment” and be reflected on the applicant’s annual IRS Form W-2.

Section IV: Employee Certification

I certify that the information provided above is true, accurate, and correct and that my request is being submitted in good faith. I am requesting this hardship award because I am experiencing economic hardship as a result of the COVID-19 emergency that has left me unable to afford basic necessities that I, or my family, needs for the security of our health, safety and well-being. I understand the College has the right to stop, suspend, change, or amend any aspect of the Hardship Fund at any time in its sole discretion. I also understand that I may not be approved to receive a grant; that I may be awarded an amount that is less than the amount requested; that the decision to grant an award and the amount thereof is at the sole discretion of the Decision-Making Committee, on behalf of the College; that the Committee will not provide any reason in connection with any such decision; and that that the Committee’s decision is final and not subject to any appeal.

Applicant Signature (Please Print)

Date

FOR COLLEGE USE ONLY

Approved: _____ Disapproved: _____

Amount, if any, Awarded: _____

Decision-Making Panelists Signatures:

1. _____
2. _____
3. _____

Date: _____