

# Client/Student Grant Request



REDUCING BARRIERS TO EMPLOYMENT

Affiliate Fund of Wayne County Community Foundation

## To qualify:

**Yes or No** Are you 18 or older and live in Wayne or Holmes Counties?

**Yes or No** Do you have financial need?

**Yes or No** Are you in good standing for attendance and progress in your employment or training program?

**Yes or No** Is this request for employment or related to employment training?

**Yes or No** Do you agree to repay in service now or in cash when successfully employed so others may receive grants?

**Yes or No** Is this your first grant from the Employment Resource Fund (formerly HOPE Fund)?

## PLEASE COMPLETE/RETURN TO:

United Way of Wayne and Holmes Counties

**Email:** [carrolyn@uwwh.org](mailto:carrolyn@uwwh.org)

**Fax:** 330-264-5607

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

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

Reason for Request: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ \$200 limit per person\*. Balance to be repaid in service or cash before new grant is approved.

How do you plan to repay this Employment Resource Fund? Cash \_\_\_\_\_ or Service \_\_\_\_\_  
(You may do volunteer service through your sponsoring agency or school—or repay in cash when successfully employed.)

I promise to share my training/employment results with my sponsoring agency or school so they can measure the success of this program.

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

**The Employment Resource Fund** is a local, sustainable work and education fund at the Wayne County Community Foundation. For more information go to: [www.EmploymentResourceFund.org](http://www.EmploymentResourceFund.org)

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### OFFICE USE ONLY

Is applicant in good standing with attendance and progress? Yes \_\_\_ No \_\_\_

Previous Grant Request? Yes \_\_\_ No \_\_\_ If yes, amount of the grant? \_\_\_\_\_ Was it repaid? \_\_\_\_\_

**Approval Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_

\*Requests for more than this amount must be pre-approved by your Employment Resource Fund Liaison or United Way's Workforce Initiative Committee.

### Office Processing:

1. Agency/School Coordinator: Review, approve or deny application. If approved, sign and continue.
2. Copy application and give copy to client or student.
3. Record grant on the "**Employment Resource Fund**" Grant Log.
4. Submit request for check or process the debit transaction.
5. Check/debit paid to: \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_
6. File original application in "**Employment Resource Fund**" File.