

Team Member Relief Program Application for Assistance

White Castle's Team Member Relief Program is administered by Gifts of Kindness, LLC on behalf of The Columbus Foundation to help ensure funds are distributed efficiently, equitably, and with discretion. The Columbus Foundation staff will handle the day-to-day administration and grant-making decisions as they relate to this fund. White Castle will not be involved with those decisions. All applications are kept in strict confidence and are considered on the basis of need and eligibility.

COMPLETE THIS FORM AND SEND TO:

- **MAIL:** White Castle Team Member Relief Program, C/O THE COLUMBUS FOUNDATION, 1234 E BROAD ST, COLUMBUS, OH 43205
- **EMAIL:** WCTMRelief@columbusfoundation.org
- **FAX:** 614-251-4010 (ATTN: WCTMRelief)

Name of White Castle Team Member

Team Member ID#

Number of people in household (including applicant)

HOME ADDRESS (WITH CITY/STATE/ZIP)

(____) _____
HOME PHONE

(____) _____
CELL PHONE

(____) _____
WORK PHONE

EMAIL

Preferred method of contact (phone or email): _____

Which White Castle restaurant, plant, or office do you work in?

\$ _____
AMOUNT OF GRANT REQUESTED (maximum grant request is \$1,500)

EMERGENCY TYPE (PLEASE CHECK ONE AND LIST TYPE)

☐ EMERGENCY HARDSHIP _____

☐ QUALIFIED DISASTER _____

1

Please provide a description of your emergency that led to your request for help. Attach supporting documents, such as photos or news stories if applicable. Use additional pages if necessary.

2

Please describe the needs that have resulted from the event. Use additional pages if necessary.

3

Please itemize in detail the financial loss or expenses incurred. You must provide copies of estimates, bills, statements, or receipts. Use additional pages if necessary.

I attest that the information provided above is true to the best of my knowledge and that the grant for which I am applying will be used for needs that are not met by any other source for assistance. Further, I acknowledge that my receipt of the requested grant is dependent upon whether I am eligible for such grant and the availability of funds.

TEAM MEMBER SIGNATURE

DATE

If under 18 year of age, please include parent/guardian signature

TEAM MEMBER'S PARENT/GUARDIAN SIGNATURE

DATE

All information shared in this application will remain strictly confidential. The Columbus Foundation will contact a White Castle Human Resources representative for the sole purpose of verifying employment. White Castle will receive confidential reports that share the fund's balance and number of associates served. These reports have no personal identifying information.