



OFFICE USE ONLY Date Received _____ By: _____
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2014 Old Arch Road Suite 2062 East Norriton, PA 19401
www.hogshoneys.org

Application for Financial Assistance

Eligibility Checklist:

- Your child must be under the age of 18 when this application is submitted.
- Your child must be a citizen of the United States and reside in Montgomery County, PA.
- You must have less than \$5,000 in easily accessible bank accounts (such as checking and savings).
- The request must be consistent with the mission and interests of *Hogs and Honey's Foundation for Kids*.

Anti-Discrimination Policy:

You and your child will not be discriminated against or denied assistance because of your race, religion, color, national origin, gender or political affiliation. All financial applications will be reviewed on a case-by-case basis and final determination will be made based upon your eligibility, *Hogs and Honey's Foundation for Kids* (hereafter "H&H") guidelines, and the availability of funds.

Please PRINT or TYPE in black or dark blue ink and complete ALL sections accurately

Child Information

Child's Name (first, middle, last) _____

- Male Female

Date of Birth _____ Birthplace (state/country) _____

Child's Address _____

City/State/Zip _____ County _____

Number of children in the household _____ Number of adults in the household _____

Is child applying for assistance independent from parent/guardian(s)? Yes No

How were you referred to *Hogs and Honey's Foundation for Kids*?

Application for Financial Assistance

Child's name _____

Parent/Guardian Information

Parent/Guardian Name _____

Phone *mobile* # (_____) _____ *work* # (_____) _____ home# (_____) _____

Parent/Guardian Name _____

Phone *mobile* # (_____) _____ *work* # (_____) _____ home# (_____) _____

Best way to contact guardian (check only one) Mobile Work Home

Email _____ Alt. Email _____

Can H&H email updates to you regarding upcoming events and happenings? Yes No

Is address same as child's? Yes No If no, address _____

City/State/Zip _____

Marital status of Parents/Guardians Single Married Divorced Cohabitants
 Widowed Separated Other _____

If divorced, who is the custodial guardian of the child? _____

Do guardians speak English? Yes No If no, primary language? _____

Household Income (Please provide proof of income – Copy of last 3 pay stubs from any person(s) working in the household))

Total annual family income \$ _____

Family income sources (please check all that apply):

Salary SSI Child Support Alimony TANF Retirement/Pension
 Disability Other _____

Parent/Guardian's Employer _____

Is Parent/Guardian on unpaid leave or unemployed? Yes No

Parent/Guardian's Employer _____

Is Parent/Guardian on unpaid leave or unemployed? Yes No

Personal references (other than relatives)

Name _____

Phone Number _____

Name _____

Phone Number _____

Name _____

Phone Number _____

Application for Financial Assistance

Child's name _____

Would you be willing to donate you time or service to an upcoming event or fundraiser? Yes No

Banking

Check here if family does not have a bank account

Please list your checking/savings and other easily accessible accounts in the space provided. Include any fundraising accounts that have been established on behalf of your child. **Copies of your most recent statements for all of the accounts below must be included.** Remember, you must have less than \$5,000 in easily accessible accounts to be eligible for assistance.

Bank Name Account	Type Account Number	(last 4 digits)
Ex.: Bank of America	checking	4321
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Information

Does child have health insurance? Yes No

If yes, please indicate what type of insurance (check all that apply):

Private _____ Medicaid Medicare Other _____

Requested Assistance Information

What kind of assistance are you requesting?

Briefly explain the circumstances which brought about this need.

Have you applied for and/or received financial assistance in the past year? Yes No
If so, was request approved? If request was approved, how much was received and from whom?

Have you received financial assistance from *Hogs and Honeys Foundation for Kids* previously?

Yes No If yes, amount received \$ _____

Application for Financial Assistance

Child's name _____

Are you willing to meet with the Hogs and Honeys Committee who may ask other and personal financial questions? Yes No

What is the estimated amount of the request?

- \$1 - \$500
- \$501 - \$1,000
- \$1,001 - \$1500
- \$1,501 - \$2,000
- \$2,001 +

Please note – no contributions are EVER given directly to individuals. Hogs and Honeys Foundation for Kids ONLY sends funding directly to the provider or supplier of goods or services.

Provider/Supplier of Goods or Services

Company Name _____

Address _____

City/State/Zip _____

Account Number _____

Additional Information

Please include a copy of a written cost estimate for the needed services or expenses.

Funding Procedures

1. A Member of *Hogs and Honeys Foundation for Kids* will contact you by phone once the application has been received and processed by H&H to determine how we can best assist you.
2. Financial assistance is not retroactive.
3. No funds will be provided directly to the applicant. All payments for goods or services will be made directly to the supplier or third party provider. Assistance may be provided in the form of goods or services.
4. The scholarship amount varies on a case-by-case basis, depending on the cost of specific needs, the demonstrated need of the applicant, and the number of applicants in a given application period.
5. The number of grants awarded depends upon the number of applications received in a given period and the general level of need in a given applicant pool.
6. You must claim the scholarship funds within 30 days of the notification date. H&H will include instructions on how to claim the grant within the announcement email. All unclaimed funds will return to the grant pool. If the award is forfeited it cannot be transferred to another person or saved for another use.

Grant Limitations

We will try to be as flexible as we can with the requests for assistance we receive. *Hogs and Honeys Foundation for Kids* cannot help persons to afford expenses that fall into one or more of the following categories including but not limited to:

1. Expenses we are not permitted to pay as a matter of law.
2. Expenses that we cannot pay on behalf of an applicant without sending cash or gift card directly to the applicant.
3. Expenses related to credit card debt, bankruptcy, or luxury items.

Application for Financial Assistance

Child's name _____

I do hereby authorize all hospitals, financial institutions and insurance groups to release to the *Hogs and Honeys Foundation for Kids* (H&H), or its duly authorized representative, any information deemed necessary to complete its investigation of my application for financial assistance. I further authorize the H&H and its representatives to provide such information to those institutions as may be reasonably required to assist our family and our child. All consents given herein shall continue until such time as the undersigned provides notice of termination in writing.

In order to advance financial assistance for _____ (child), the undersigned do hereby affirm the following:

1. The undersigned are the parents or guardians of the child.
2. Financial assistance will be provided, with the use of said funds, directly to the supplier of services specified and verified by H&H.
3. The undersigned acknowledges(s) and agree(s) to maintain records that will be made available to H&H upon reasonable request, detailing the expenditures made from the funds provided by the organization.
4. H&H will pursue restitution for grants to the fullest extent permitted by law if it is determined that the information submitted on the application is false or misleading.

I, _____
(Full Name of Parent or Guardian)

of _____
(Address, City, State and Zip Code)

Parent/Guardian of _____
(Name of Applicant/Child),

have read the guidelines for financial assistance and the eligibility checklist and I declare that the information furnished on this application form, including attached documents, is true and correct to the best of my knowledge. I authorize *Hogs and Honeys Foundation for Kids* (hereafter "H&H") to verify all information provided. Furthermore, the undersigned does hereby consent, grant and give my permission to *Hogs and Honeys Foundation for Kids* and any third party which H&H determines in its sole discretion to be appropriate including, but not limited to, any and all sponsors and/or licensees of H&H, a royalty free, irrevocable license, to use, exploit, adapt, modify, reproduce, distribute, publicly display and publicly perform, throughout the world in any and all forms whether now known or later developed, the image, photo, name, voice, or likeness of the above listed minor in any and all promotional materials or announcements, websites, publications, media releases, or advertisements, electronic or otherwise ("Work(s)"), in perpetuity, and waive any and all rights to the same. I acknowledge and agree that neither the above listed minor nor I will receive any compensation whatsoever if such image, name, voice, or likeness appears in any Works, or from any proceeds of any utilized Work. I acknowledge and agree that any use of such image, name, voice, likeness or resulting Work is solely the property of H&H in perpetuity. In addition, I acknowledge and agree that H&H may, without my permission or advance notice to me, supply such image, name, voice, likeness or resulting Work to, or for any use and/or publication by, any third party which H&H determines in its sole discretion to be appropriate

Dated this _____ day of _____, in the year _____

Parent/Guardian Signature

Parent/Guardian Signature

Please Print Name
Relationship to the child:

Please Print Name
Relationship to the child:

Mother Father Guardian Grandparent Other _____

Mother Father Guardian Grandparent Other _____

Witness: _____ Please print name _____

Relationship to applicant _____

Application for Financial Assistance

Child's name _____

Upon Completion of Application:

Email completed application to: grants@hogshoneys.org _____

And mail original signed application to: Hogs and Honeys Foundation for Kids
2014 Old Arch Road
Suite 2062
East Norriton, PA 19401
Attn: Grants and Scholarships Committee

For Office Use Only

Date Processed _____ Approved _____ Not Approved _____ Funds Disbursed _____ By: _____

Comments

