



**GOODWILL OF WESTERN MO & EASTERN KS**  
**Application for Assistance**  
**The Helping Hand Fund**

**Applicant's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Position:** \_\_\_\_\_ **Hire Date:** \_\_\_\_\_

**Department/Location:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**PLEASE NOTE:** All pertinent information relating to this request submitted by the applicant, as well as by Goodwill's payroll and/or HR Departments, will be presented to The Helping Hand Fund committee so that the proper decision can be made. The members of the committee shall keep all information strictly confidential.

**I am requesting a:**  Grant  Loan in the amount of: \$ \_\_\_\_\_

**Please check appropriate answers:**

I am employed by Goodwill:  Full Time  Part-Time

I contribute to the Helping Hand Fund through payroll deduction:  Yes  No

*Employees are not required to contribute to the fund in order to receive assistance*

I  have  have not applied for assistance from the fund before:  
*If yes, when?* \_\_\_\_\_ *Amount received:* \_\_\_\_\_

**Please list other sources approached for assistance (please attach documentation, if applicable):**

\_\_\_\_\_

**Please explain in detail the nature of your emergency and attach copies of any documents that are relevant to your request and may help the committee make the appropriate decision. (If you need more space, please attach extra sheet).**

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**You must enclose receipts, copies of bills, estimates, or other proof of need with the application. The application cannot be processed without the proper information and your application will be denied. Applications should be submitted by fax at 816.842.7616 or via e-mail at [Benefits@mokangoodwill.org](mailto:Benefits@mokangoodwill.org).**