



**NOTE: The Team Member Assistance Fund ("TMAF") will maintain confidentiality with respect to all information you provide on this form.<sup>1</sup> Please submit to [TMAF@anchorpointmg.com](mailto:TMAF@anchorpointmg.com) when complete.**

**Applicant Information**

_____	_____
Name	Job Title
_____	_____
Daytime Telephone	Amount of Grant Requested
_____	_____
Evening Telephone	Email Address
_____	_____
Home Address	Names and Ages of Dependents

**Information About the Need for Assistance**

What caused you to seek assistance? Please give details of any losses, injuries, or illness you or an immediate family member (spouse, parent, child, or other relative living with you) suffered. Attach other pages as necessary to provide appropriate details.

\_\_\_\_\_

\_\_\_\_\_

Do you need assistance with medical or health care expenses? \_\_\_\_\_

Are you requesting assistance with any other expenses? If so, which expenses, and how much?

\_\_\_\_\_

\_\_\_\_\_

*Note: If you are requesting assistance to pay expenses billed by third parties, please attach a copy of all invoices, if you have them.*

By signing this application, you represent that the statements above are true and accurate to the best of your knowledge. You also acknowledge that you will not use any grant funds that the Team Member Assistance Fund may provide to you for purposes other than those outlined in this application.

_____	_____
Signature	Date

<sup>1</sup> The Internal Revenue Service requires the Team Member Assistance Fund to report certain information regarding emergency assistance grants on the Fund's annual Form 990 return, which is publicly available. This may include the type of grants the Fund provides, the amount of each grant, and a description of any non-cash assistance the Fund provides. It will not include any personal information with respect to any particular recipient.