



## Employee Emergency Grant Program(EEGP) Application

**CONFIDENTIAL**

*No information will be shared with a third party except for processing or tax reporting purposes if an award is provided.*

Completing this application is voluntary, however, the application must be completed in full to be considered for the EEGP. The applicant understands that additional materials may be requested by the TCU Human Resource office or the EEGP Review Committee. Requested materials must be submitted to be eligible for a grant under this program.

PERSONALLY IDENTIFIABLE OR PROTECTED HEALTH INFORMATION (PHI) INFORMATION WILL ONLY BE SHARED WITH THE EEGP REVIEW COMMITTEE, if necessary.

The TCU Human Resource office will retain all application materials.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Email Address \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

TCU ID \_\_\_\_\_ Date of Hire \_\_\_\_\_

I certify that the information provided on this application is complete and accurate and that my financial hardship is genuine. I agree that any award made under this program will be used to relieve the stated financial hardship. I have attached documentation to show need, which may include a bill, invoice, or estimate. If it is an estimate for work needed, I understand that I may need to provide proof of work being completed by the company whose name was originally used in the estimate. I understand that my application will not be considered if it contains misleading information and that I may be required to repay any monies awarded if it is determined that my application is untruthful. I understand that money received from the Employee Emergency Grant Program is taxable income and is a one-time award and can only be awarded once in a 24-month period

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicant is not completing this form:

Name of person completing this form \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone \_\_\_\_\_

### For EEGP Administrative Processing Only

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Benefits-eligible  Non-resident Alien (*Payment will be processed through the UA*)

Attachments included

Date additional information requested from employee (if applicable): \_\_\_\_\_

Committee Decision: Approved \_\_\_\_\_ Amount \$ \_\_\_\_\_

Declined: \_\_\_\_\_

Name of Committee Chairperson \_\_\_\_\_ Date Submitted to HR \_\_\_\_\_



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**Do NOT write your name on the following pages.**

Details of Temporary Financial Hardship

Please give detailed answers to the following questions.

The EEGP Review Committee is interested in understanding how your financial hardship developed and how the emergency grant will help you. Provide a description of the financial hardship and attach documents explaining any related expenses that are above and beyond your normal expenses. If your financial hardship relates to a medical condition, it is not necessary to provide a detailed description of your medical condition. Please related how your medical condition has affected your financial well-being.

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What is the expected length of your financial hardship?

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What necessary items would you not be able to afford due to this hardship?

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Do you have an insurance policy that covers these circumstances? No\_\_\_ Yes \_\_\_ if so what is the deductible?\_\_\_\_\_

Please list a specific amount of money you are requesting through this grant\_\_\_\_\_ (up to a maximum of \$2,500)

Please indicate how you arrived at the requested amount. \_\_\_\_\_

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If you are requesting funds for housing assistance, are you currently under threat of eviction? No\_\_\_ Yes \_\_\_

Are you currently under a bankruptcy agreement or in the process of filing for bankruptcy? No\_\_\_ Yes \_\_\_

*Thank you for submitting an application to the TCU Employee Emergency Grant Program. Please note that completing this application does not guarantee a grant award. Variables include availability of grant monies, the nature of the crisis, and whether the other criteria set forth in this document are satisfied.*

*In the event an application is denied, you may submit an appeal to the Vice Chancellor for Human Resources within 30 calendar days from the date of denial.*

*EEGP grant recipients and award amounts are determined in a fair and non-discriminatory manner, without regard to age, race, color, religion, sex, sexual orientation, gender, gender identity, gender expression, national origin, ethnic origin, disability, genetic information, covered veteran status, or any other characteristic protected by law.*