

## HARDSHIP GRANT APPLICATION

### Personal Information

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

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Employment Information

Employer: \_\_\_\_\_ Worksite: \_\_\_\_\_

Start Date: \_\_\_\_\_ Employee # \_\_\_\_\_

### Eligibility

Reason for grant request: Medical  Grievance  Other

Date unpaid sick leave / loss of income started: \_\_\_\_\_

Expected return to work date: \_\_\_\_\_

Have you received a grant from us in the past? Yes  No

### Assistance

Have you applied for EI? Yes  No  N/A

Have you applied for LTD? Yes  No  N/A

Have you applied for WCB? Yes  No  N/A

Have you applied for any other financial assistance? Yes  No  N/A

**If yes, Please specify** Application date: \_\_\_\_\_

Date benefits started: \_\_\_\_\_

Date benefits ended: \_\_\_\_\_

Amount received per month: \$ \_\_\_\_\_

Date benefits denied: \_\_\_\_\_

**Additional Information**

Do you contribute to VESP? Yes  No

Date of last withdrawal: \_\_\_\_\_

Savings/Bank Accounts: \$ \_\_\_\_\_

Bonds/Stocks/RRSP/TFSA: \$ \_\_\_\_\_

VISA/MasterCard/Line of Credit: \$ \_\_\_\_\_

**Hardship Grant Policy 10.5.2**

The VMECW Society will consider requests for limited and specific assistance to members experiencing financial hardship due to:

- (1) An unpaid sick leave.
- (2) Temporary loss of income due to employment circumstances which CUPE Local 15 is grieving.

**Eligibility**

- (1) The member must not have access to funds from any source including EI, EI sickness benefits, LTD, WCB, VESP, savings, and investments.
- (2) The anticipated period without access to any source of funds must be one month or greater.
- (3) The member is expected to return to their previous position or another position within CUPE Local 15 jurisdiction.
- (4) Members must demonstrate a primary attachment to CUPE Local 15 by holding union membership through a minimum of one year prior to the date of application.

**Required Documentation**

- (1) A completed Hardship Grant application.
- (2) Confirmation that all eligible benefits, such as EI, LTD, or WCB, have been exhausted.
- (3) Other relevant documentation such as EI, LTD, or WCB denial confirmations may be required.

**Qualification**

- (1) The Finance Committee will review applications to determine qualification.
- (2) Hardship grants are limited to one per member every four years.

Members who qualify will receive a non-repayable grant in the amount of \$1,000.

I have read the above Hardship Grant policy, and the information provided on this application is true and correct. Yes  No

I consent to share any documentation that may be required to determine grant eligibility with the CUPE Local 15 - VMECW Society Finance Committee. Yes  No

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**For Office Use**

Hardship Grant Approved: Yes  No

Date: \_\_\_\_\_