# **Application**

# The Emergency Assistance Fund For Graham Holdings Employees & Retirees

The Emergency Assistance Fund is designed to provide short-term, financial assistance to employees and retirees of Graham Holdings Company who have experienced extreme financial hardship due to a recent unexpected event.

- **STEP 1** Review the Emergency Assistance Fund Guidelines to understand eligibility requirements, the types of emergency situations that can be considered, and typical grant amounts.
- **STEP 2** Complete Section 1 below and provide a brief description of your circumstance and the impact from the event.
  - ★ Active Employees: You will then complete and sign section 2.
  - \* Retirees: You will then complete and sign section 3.
- **STEP 3** Submit this completed application and documentation supporting your request, including invoices and images, W9, and EFT-ACH form (please include voided check or bank form showing your account and routing numbers).

#### PROTECT YOUR DATA by securely submitting the application and supporting documentation:

- ★ Email <a href="mailto:emergency.fund@ghco.com">emailto:emergency.fund@ghco.com</a> and ask for a **secure email**. You can respond to that email and attach your documents to send your information securely.
- ★ Employees, you may submit a hard copy of your application and supporting documents to the head of <a href="Human Resources"><u>Human Resources</u></a> at your business unit.

## Section 1 - All Applicants Complete This Section

Please provide a brief description of the emergency event, your circumstances and the financial impact of the event. If you have sought aid from other sources, please include information about any assistance you have received or the status of your request.

Signature

Total amount requested (USD)

# Section 2 - Active Employees Complete This Section

Full Name		Home Address
Name of Employer		Work Address
Date of Hire		
Phone Numbers	Cell	Work
Email		

**Date** 

**Section 3** - Retirees Complete This Section

# **Home Address Full Name Phone Numbers** Cell Home Email Information about your former employment What is the name of the company you retired from? Please provide the name of the Graham Holdings Company or The Washington Post Company business unit you retired from What position did you retire from? What was the name of your supervisor? What was your work location address? Date of Hire **Retirement Date** Signature Date



### Automatic Payment Authorization Form

Please complete the information below:

Complete and sign this form to authorize the Greater Washington Community Foundation to initiate debits to your bank account.

FINANCIAL INSTITUTION INFORMATION		
Bank Name:		
Street Address:		
City/State/ZIP:		
9-Digit Routing Number:		
Account Number:		
Account Type (select one): Checking Savings		
PLEASE ATTACH SCANNED COPY OF A VOIDED CHECK  A bank letter with the ACH instructions for your organization can be submitted in lieu of a voided check. All information will be kept confidential and secured.  Your Name Your Address		
PAY TO THE ORDER OF		
Your Bank Name  MEMO		
AUTHORIZATION AGREEMENT: I hereby authorize the Greater Washington Community Foundation to deposit funds directly into the above-mentioned account. This authority will remain in effect until I have given written notice that I am terminating this contract, or until the Greater Washington Community Foundation has notified me that this deposit service has been discontinued. I understand that I must give advanced notice to allow reasonable time for my instruction to be executed. If an incorrect deposit should be made into my bank account, I authorize my bank and the Greater		

#### PLEASE RETURN COMPLETED FORM AND VOIDED CHECK OR ACH LETTER TO:

Washington Community Foundation to make the appropriate adjustment(s).

Kathy Matthews at kmatthews@thecommunityfoundation.org.

If you would like to send your information via encrypted email, please contact Erika Taylor at etaylor@thecommunityfoundation.org.