



# Grant Application

Please fill out completely and submit to your administrator/director for signature approval and submission. All information provided in this application will be kept confidential.

Please scan & email application to [associatesupportfund@silverado.com](mailto:associatesupportfund@silverado.com)  
**Questions?** Please contact the home office at (949) 240-7200

Name: \_\_\_\_\_ Associate ID #: \_\_\_\_\_

Community/Office: \_\_\_\_\_ Current Job/Position: \_\_\_\_\_

Are You:  Full Time  Part Time Hourly Wage/Annual Salary: \_\_\_\_\_

**Please check one:**

Active Associate / Date of Hire \_\_\_\_\_

Surviving Family Members of an Eligible Employee

**What other options have you looked into to meet this need?** (loan from friends/family; insurance, etc.)

\_\_\_\_\_

\_\_\_\_\_

Is there anyone else that contributes to your household income? (spouse, partner, etc)  Yes  No If Yes, amount \$ \_\_\_\_\_

How many children under 18 years are in your household? \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ (Required) Have you ever applied for funds in the past?  Yes  No

Specify how you will use these funds: Medical Expenses: \$ \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Funeral Expense: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ If Other: (please explain) \_\_\_\_\_

**Describe your emergency need, in detail.** (Attach additional pages, if needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

*My signature above indicates that I have completed this application truthfully. Any funds I may receive are considered taxable income and will reflect on my W-2.*

Administrator/Supervisor \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

