

LRCC Wildcat Foundation

Grant Application

LRCC Wildcat Foundation grants are intended to provide financial assistance to La Rinconada Country Club employees experiencing an immediate financial hardship caused by an unforeseen/unanticipated incident or event. Grants should be requested at the time the financial need arises or within 60 days thereafter. Grants are not intended to pay for routine living expenses.

The types of incidents/events that may support a grant application include: uninsured, non-elective, medical or dental expenses; loss of transportation to work/car repair; essential home appliance repair or replacement; major home structural or system repair; unexpected and significant rent increases; family emergencies; bereavement expenses for the death of an immediate family member, including bereavement travel expenses, essential educational expenses; unanticipated expenses caused by a natural disaster (e.g. wildfire) or a national/global event (e.g. pandemic, inflation). Please note, however, that these are examples and are not a complete list of incidents/events that may support an application for a grant. If you are in financial difficulty due to any unforeseen/unanticipated incident or event, you may apply for a grant.

Name Date Address City State Zip Code Email Phone LRCC Dept Job Title Employment Start Date Full or Part Time Grant Amount Requested

Personal Information

____Family Emergency ____Transportation/Car Repair ____ Medical/Dental ____Home Repair ____Bereavement ____Education Other **Reason for Grant Request** When did the financial hardship occur? What was the event the caused the hardship? Please list the specific issues that caused the need for you to request a grant.

Grant Request Category

Supporting Documentation

Please include documents that support the amount of the grant request.	Examples include estimates,	invoices,	receipts
or any other documentation that supports your request.			

Other Sources of Financial assistance, if any

Please specify what insurance, savings, commercial or personal loans, or other funding available to	assist you with this
hardship.	
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If the grant is not approved, how will you cover this expense?	
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Name Address and Payment

If this grant is awarded, payment is typically made	e directly to the vendor or service provider to whom the financial
obligation is owed. If payment to the vendor or se	ervice provider is not possible, please state the reason and the name
and address for payment	
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Would you be willing to meet with a member of th	he Wildcat Charitable foundation if further information is needed?
Yes No	
Have you made a previous grant request? If yes, w	when and for what reason.
I affirm that the information provided on this app	plication is true and correct to the best of my knowledge.
Applicant Signature	Date