



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HOPE FUND APPLICATION

The Hope Fund provides assistance to YMCA of Middle Tennessee employees and retirees in crisis. Awards are granted only for catastrophic, unexpected hardships caused by devastating life events (e.g., fire, flood), extreme economic situations (e.g., major medical expenses) or prolonged lost wages.

Email completed application to hopefund@ymcamidtn.org or mail to Human Resources, Attn: Hope Fund, 1000 Church Street, Nashville, TN 37203.

POTENTIAL RECIPIENT *(must have been employed for at least 30 days)*

Name: _____ Employee (Center: _____) Retiree
Address: _____
City: _____ State: _____ ZIP: _____
Email: _____ Phone: _____

Please describe in detail below 1) the circumstances which have led to this request, and 2) how the Hope Fund award would be used. Attach additional pages and supporting documentation as needed

Monetary Amount requested: \$ _____ (*\$1500 maximum*)
Lost wages/PTO Length of time requested: _____ (*4 weeks maximum*)

I attest that the information provided is accurate to the best of my knowledge. I understand that Hope Fund awards are gifts which do not require repayment and are considered taxable income by the IRS. I acknowledge that this application may be discussed with YMCA staff other than those on the Hope Fund Committee, but that discussion will be limited to as few people as possible to reach an award decision.

Signature: _____ Date: _____

IF APPLYING ON BEHALF OF ANOTHER PERSON

Your name: _____ Relationship: _____
Email: _____ Phone: _____

- Check if you wish to remain anonymous from potential recipient
- Check if potential recipient DOES NOT know about this submission