



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## HOPE FUND APPLICATION

The Hope Fund supports 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](mailto:hopefund@ymcamidtn.org) or mail to the YMCA of Middle Tennessee, Attn: Hope Fund, 1000 Church Street, Nashville, TN 37203.

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

Name: \_\_\_\_\_  Employee (Location: \_\_\_\_\_)  Retiree  
 Part-Time Hourly  Full-Time Hourly  Full-Time Exempt If hourly, average hours/week: \_\_\_\_\_  
Current Job Title: \_\_\_\_\_ Length of time employed by the YMCA: \_\_\_\_\_  
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.

What type of support do you need—monetary OR lost wages/PTO? Both will only be considered under extreme circumstances. If your request pertains to time off of work, then please only apply for lost wages/PTO. If your request does not concern missing work, then please only apply for monetary support.

Monetary Amount requested: \$\_\_\_\_\_ (*\$1500 max*)  
 Lost wages/PT Length of time requested: \_\_\_\_\_ (*2 weeks / 80 hour max*)

*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