

# METROPOLITAN CLUB FOUNDATION

## *Hardship Fund Application*

### ELIGIBILITY & REQUIREMENTS

- Club Management professionals and their families.
- Employees of MCMA member clubs and their families.
- Allied Associations, Vendors of the Club community and their families.
- Recipient will be asked to demonstrate need.

### INSTRUCTIONS

- Fill out the entire application and return it to an MCMA member for submission to the Metropolitan Club Foundation's Hardship Committee.
- Once the application has been submitted, the Committee will review the application and make a recommendation to the MCF Board, based on the Needs Test, required by the I.R.S.
- The application must include the specifics of the hardship, as well as, the exact use of the potential future funds.

1. Name of Applicant \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_
4. Email Address \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_
6. Do you have children? \_\_\_\_\_ Please list: \_\_\_\_\_
7. Employer \_\_\_\_\_
8. Employer's Address \_\_\_\_\_
9. Occupation \_\_\_\_\_
10. Are you, or any member of your family members of the M.C.F. Hardship Committee or of the M.C.F. Board of Directors? \_\_\_\_\_

11. Name & Title of Supervisor: \_\_\_\_\_

12. Length of Service at Present Club: \_\_\_\_\_

13. Please List Specifics of your Hardship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Why are the requested funds needed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please use this space to provide the intended use of funds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CLUB ENDORSEMENT**

I hereby certify that the information provided in this application is accurate to the best of my knowledge.

MCMA MEMBER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_