

Ferguson Family Fund

Application Procedures

- 1) Complete Application Part I
- 2) Complete List of Service Providers (Application Part II) and attach copies of bills.
- 3) Application must be signed by your location manager/ department head.
- 4) Send completed application to the Fund Administrator:
Ferguson Family Fund
c/o The Peninsula Community Foundation of Virginia
11742 Jefferson Avenue, Suite 350
Newport News, Virginia 23606
- 5) The Fund Administrator will evaluate applications and identify qualified applicants.
- 6) The Fund Administrator will communicate application status to applicants.
- 7) Payments will be sent to service providers on behalf of qualified applicant.



Ferguson Family Fund Application – Part I

Name: _____ Branch Number: _____
Address: _____ Branch Location: _____
City/State/Zip: _____ Work Phone: (____) _____
Home Phone: (____) _____

AMOUNT OF GRANT SOUGHT: \$ _____

Please outline the nature and extent of the need giving rise to your request; your financial resources available to meet this need and what other attempts have been made to secure assistance to meet this need, including, but not limited to, loans from your 401(k) account:

LIST FINANCIAL ASSISTANCE SECURED TO DATE (as it relates to this situation):

I attest that the information furnished above is true to the best of my knowledge.

Applicant's Signature _____ Date: _____

TO BE COMPLETED BY LOCATION MANAGER OR DEPARTMENT HEAD

To the best of our knowledge, this associate qualifies for assistance from the Fund.

Signature: _____ Print Name: _____

Title: _____ Date: _____

Phone Number: (____) _____



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Service Provider List – Part II

Assistance provided by the Fund will be administered through checks payable to specific service providers (i.e. landlords, hospitals, funeral homes) on behalf of associate. Absent extenuating circumstances, checks will not be written directly to associates.

Please attach copies of outstanding bills related to the natural disaster or unexpected events that have given rise to your request. Please list below the bills you are submitting.

Service Provider: _____ Contact: _____

Address: _____
Street City State Zip Code

Phone Number: (_____) _____ Amount: \$ _____

Service Provider: _____ Contact: _____

Address: _____
Street City State Zip Code

Phone Number: (_____) _____ Amount: \$ _____

Service Provider: _____ Contact: _____

Address: _____
Street City State Zip Code

Phone Number: (_____) _____ Amount: \$ _____

Service Provider: _____ Contact: _____

Address: _____
Street City State Zip Code

Phone Number: (_____) _____ Amount: \$ _____