

Rod Hibbard Memorial Fund Application Form

<u>Purpose of the Fund:</u> The Rod Hibbard Memorial Fund is administered by a panel of KenCrest staff, to provide financial support to agency employees who are experiencing a financial need due to a medical, personal, or disaster situation.

Procedure for submitting a request for support:

- 1. Complete all portions of the form.
- 2. If you would like assistance from your Supervisor to complete the form, they are able to help you through the process, but it is not required that you discuss with your supervisor.
 - Please note: Employees must be in good standing (i.e. is not on probation or administrative leave), and have been employed for at least 1 year to qualify for a gift.
- 3. Please attach documentation of the need to this form. No requests will be reviewed without proper documentation.
- 4. Send your request to the review panel at rod.hibbard.fund@kencrest.org.
- 5. After the panel meets and your application is reviewed, they will verify your employment status if moving to approve the request. You will be contacted with the decision within 72 business hours.

Applicant Name:	
Program/Departmen	it:
Date of Request:	
Amount Requested:	\$
Date Monies Needed	l:
Have you received a	gift from the RH in the last year? YES NO
If yes, please list the	date:
What business entity	is/will be owed funds?
Please attach to this	application any copies of billing statements, insurance information, notices, or anything
that may help the pa	nel understand the circumstances of your request. Checks will be paid directly to the
vendor, not the empl	oyee. <u>Reminder:</u> the Fund cannot reimburse already paid bills.
Which category of ne	eed does this fall under? Please check one. If "other" please describe in the box provided.
☐ Medical	□Vehicle
\square Rent/Utilities	□Other - <i>Please describe</i> :

Updated: 10/11/2021



Please describe the nature of your current emergency.

Were there other financial needs that led to this hardship?		
If your application is approved, would you	u be willing to share an anonymous testimonial/quote about your	
experience with the Rod Hibbard Fund?	☐ Yes ☐ No	
Please send your completed application to	o the	
Rod Hibbard Review Panel at: rod.hibbard	d.fund@kencrest.org	

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