



THE COLUMBIA FOUNDATION
giving back to our community

NAME OF APPLICANT: _____

EMAIL: _____

CONTACT NUMBER: _____

EMPLOYEE ID: _____

ADDRESS: _____

EMPLOYEE ASSISTANCE FUND APPLICATION

online application available at thecolumbiafoundation/employees

IS THIS APPLICATION FOR YOU OR A FAMILY MEMBER (name): _____

CONTACT NUMBER: IS IT OKAY TO LEAVE A MESSAGE (circle)? YES NO

DATE OF THE CATASTROPHE, ILLNESS, OR HARDSHIP: _____

INCOME & HOUSEHOLD INFORMATION

ANNUAL 2020 GROSS INCOME (BEFORE TAXES) FROM COLUMBIA CC EMPLOYMENT:

LESS THAN \$30,000 \$30,000-\$50,000 \$50,001-\$75,000 MORE THAN \$75,000

CURRENT EMPLOYMENT STATUS: FULL-TIME PART-TIME PART-TIME/SEASONAL

NUMBER OF HOUSEHOLD MEMBERS? _____

NUMBER OF ADDITIONAL WAGE EARNERS IN THE HOUSEHOLD? in March 2020 _____ currently _____

ANNUAL GROSS INCOME OF ALL WAGE EARNERS IN THE HOUSEHOLD? in March 2020 _____ currently _____

ANNUAL INCOME FROM OTHER SOURCES FOR ALL HOUSEHOLD MEMBERS? in March 2020 _____ currently _____
(including alimony, child support, disability, social security)

HAVE YOU APPLIED FOR UNEMPLOYMENT INSURANCE (circle)? : YES NO

HAVE ANY WAGE EARNERS IN YOUR HOUSEHOLD BECOME UNEMPLOYED (circle)? YES NO

IF YES, HAVE THEY APPLIED FOR UNEMPLOYMENT INSURANCE (circle)? YES NO

ARE YOU COVERED BY MEDICAL INSURANCE (circle)? YES NO

ASSISTANCE NEEDS

TOTAL AMOUNT REQUESTED FOR ASSISTANCE GRANT: _____

SPECIFIC NEEDS (check box & fill in amount):

- _____ HOUSING
- _____ FOOD
- _____ HEALTHCARE AND MEDICAL COSTS
- _____ ALTERNATIVE TRANSPORTATION DUE TO COVID RESTRICTIONS
- _____ UTILITIES
- _____ OTHER: