

GOLD WING TOURING ASSOCIATION



Destination Friendship

Helping Hands Application

ALL GRANTS, WHETHER TO APPLICANTS OR CHAPTER REIMBURSEMENT, WILL BE SUBJECT TO APPROVAL BY THE GRANT COMMITTEE AND AVAILABILITY OF HELPING HANDS MONIES. THE HELPING HANDS COMMITTEE WILL DECIDE THE AMOUNT OF GRANT, UP TO \$500, BASED ON NEED OF MEMBER, AVAILABILITY OF FUNDS AND NUMBER OF REQUESTS RECEIVED AND ORDER OF RECEIPT.

Forward completed application to:

**Dennis & Nancy Seery
Helping Hands
902 Greenfield Ct
Murfreesboro, TN 37128**

Phone: 1-800-960-GWTA (4982)

(Please type or print clearly)

Name(s) of Applicant _____

Address _____

City _____ State/Province _____ Zip/Postal _____

Member # _____ Expiration Date _____ Phone (____) _____

Amount Requested \$ _____

Reason for Assistance Request _____

Verified by _____ Member # _____ Expiration Date _____

Signature _____ Date _____

NOTE: Please complete questionnaire on back/page 2 before mailing.

Helping Hands Grant Committee Use Only		
<input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved	Amount \$ _____
A WRITTEN EXPLANATION WILL BE FORWARDED IF DISAPPROVED.		

PLEASE COMPLETE ALL INFORMATION PERTAINING TO THIS REQUEST FOR A HELPING HANDS GRANT:

ACCIDENT, INJURY OR ILLNESS

Member condition and prognosis:

Self-employed without insurance? Yes _____ No _____
Self-employed with no ability to generate income? Yes _____ No _____
Has employment insurance through the employer? Yes _____ No _____
Has a spouse who is working? Yes _____ No _____
Is included on spouse's employment insurance? Yes _____ No _____
Estimated dollar amount of expenses that will not be covered by insurance?

If accident, will an insurance settlement be received? Yes _____ No _____

PERSONAL

Family illness? Yes _____ No _____ Relationship to member _____

Condition and prognosis:

Estimated dollar amount of expenses that will not be covered by insurance?

Destruction of home? Yes _____ No _____ Is home habitable? Yes _____ No _____

Cause of Destruction _____

Home was covered by insurance or renters insurance? Yes _____ No _____

Estimated dollar amount of home rebuild/repair that is not covered by insurance:

Death in Family? Yes _____ No _____ Relationship to member _____

Grant would assist with payment of what type expenses:

Loss of Job/Unemployed? Yes _____ No _____ How long out of work? _____

Receives unemployment compensation? Yes _____ No _____

Member has income from any other source? Yes _____ No _____

Unemployment compensation is sole income for family _____ Single Person _____

Estimated dollar amount of monthly needs not covered:

OTHER (please explain in detail)
