

SOUTH CAROLINA STATE FIREFIGHTERS' FOUNDATION FINANCIAL ASSISTANCE APPLICATION

Please see the Guidelines of the South Carolina State Firefighters' Foundation for more information about eligibility for grants and the grantmaking process.

Date Submitted: _____

Name: _____ Phone No.: () _____ - _____ Cell No.: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Fire Dept.: _____ Email: _____

DOB: _____ Marital Status: _____

If the grant recipient is not a firefighter, what is the individual's family relationship to a firefighter?

Applications may be submitted by individuals other than the intended grant recipient if the applicant has relevant knowledge (e.g., by a Fire Department on behalf of one of its firefighters), if determined by the Foundation to be appropriate under the circumstances. If the applicant is not the grant recipient, what is your relationship to the recipient?

Amount of Financial Assistance Requested: \$ _____ (minimum \$250; maximum \$1,500)

Purpose of Funds & Personal Statement of Reason for Assistance (attach additional pages if necessary):

If request is based on a disaster or emergency circumstances, please provide the date of the disaster: _____

Please include with the application, if appropriate and possible under the circumstances:

1. Supporting documentation of the need, such as incident, police, medical report, newspaper, etc.
2. Documentation of the expense, such as a bill or fee estimate.

If documentation of the expense is not appropriate or cannot be provided under the circumstances, please explain:

NOTE: Please remove all sensitive information (e.g., social security numbers, account numbers) from the documentation.

Whenever possible, grants will be paid directly to third parties to pay for the specific need (e.g., to an alternative medicine practitioner or a mental health counselor), rather than to the individual grant recipient. Please provide the name, address and telephone number of the party to whom payment would be made:

Name: _____ Phone No.: () _____ - _____
Address: _____ City: _____ State: _____ Zip: _____

Demonstration of Need

Monthly Expenses & Income: (Indicate Amounts)

Mortgage: _____ Taxes: _____
Auto: _____ Insurance: _____
Medical: _____
Personal Loans: _____
Utilities: _____ Food: _____
Credit Cards: _____
Other: _____

Monthly Income:

Salary: _____
Spouse's Salary: _____
Rental Property: _____
Pension: _____
Social Security: _____
Worker's Comp: _____
Other: _____
Savings: _____

Dependents (if applicable):

1. _____	Age: _____
2. _____	Age: _____
3. _____	Age: _____
4. _____	Age: _____
5. _____	Age: _____

Have you applied and/or received other financial assistance regarding this need? If so, when and from what source?

Is the expense covered partly or entirely by insurance? Yes ☐ No ☐ If yes, please describe.

Please describe any other relevant information or circumstances (attach additional pages if necessary):

Does the intended recipient of the grant have any family or business relationships with any of the SC Firefighters Foundation Board members, officers, or approval committee? No ☐ Yes ☐ If yes, please describe:

CERTIFICATION

By signing below, I certify that all of the information and documentation that I have provided to the South Carolina Firefighters Foundation on, and in connection with, this application is true, correct and complete, to the best of my knowledge.

I understand that:

- The Foundation is a Section 501(c)(3) tax-exempt nonprofit corporation, and is subject to various legal requirements in awarding grants under the Foundation.
- Additional information and documentation may be required (1) in order to qualify for a grant, and/or (2) after a grant is made, to confirm that the grant funds were used for the intended purposes (e.g., receipts). The Foundation will determine in its sole discretion whether the documentation provided is sufficient.
- The Foundation seeks to support individuals who are eligible for assistance under the Grant Making Guidelines. However, eligibility for a grant does not guaranty that a grant will be awarded. All grants will be made by the South Carolina State Firefighters Foundation in its sole discretion.
- By signing this form, I acknowledge and agree that if a grant is awarded: (1) the grant funds must be used for the purposes described in this application, and (2) any amounts not used for those purposes (or other purposes subsequently approved by the Foundation) must be returned to the Foundation.

Signature

Date

Date Received by Foundation: _____, by _____

NOTE: ALL APPLICATIONS MUST INCLUDE A LETTER FROM THE LOCAL FIRE CHIEF STATING WHAT LOCAL ASSISTANCE HAS BEEN PROVIDED TO THE MEMBER, AS WELL AS THE FIRE CHIEF'S UNDERSTANDING OF THE HARDSHIP

All applications and statistic forms should be emailed to foundation@scfirefighters.org
or mailed to the association office.

South Carolina State Firefighters Association

Attn: Foundation Application

PO Box 211725

Columbia, SC 29211