



Hands United Foundation, Inc.

Application for Consideration of a Giving Hope Fund Assistance

The Giving Hope Fund is a non-profit, charitable fund operated by the Hands United Foundation, Incorporated. It was created by members of the Georgia Pest Control Association during a leadership training program by many who had experienced life changing tragedies and were aided or comforted by fellow members of their pest management family. The mission of the Hands United Foundation is to extend to those struggling in their darkest hours a sense of hope and the knowledge that they are not alone as a result of a life-changing event. It is through the generosity of members of the Georgia pest management family and their business allies that we can provide this assistance. The Giving Hope Fund provides financial assistance to those Georgia Pest Management members, or immediate family members, that have experienced an unexpected catastrophic event, such as a natural or civic disaster, severe economic hardship due to illness, death, accident, or injuries perpetrated upon them resulting from a crime to which they were a victim beyond their control. It is not intended to be an insurance replacement or supplement but, in such cases, aid when costs incurred exceed the limits insurance for life-saving medications.

Amount requested: \$ _____ Funds to be used for: _____

Eligibility Checklist:

Circle your
answer for each
question

I and/or my employer is an active member of pest management in Georgia.	Yes	No
I have suffered an unexpected, catastrophic event beyond my control.	Yes	No
I am in a state of financial distress leaving me without the money I need to pay for my basic needs.	Yes	No
I have already used up other forms of help.	Yes	No
Any assistance from the Giving Hope Fund will help me sustain myself and/or family until I am in a better position.	Yes	No
I have filled out this application completely.	Yes	No
I have attached documentation (proof of) the catastrophic event (police report, accident report, etc).	Yes	No
I have attached copies of bills for which I am requesting assistance.	Yes	No

Please Read Carefully:

Completion of application is no guarantee for receipt of funds. All applicants will be considered equally and without bias based on race, gender, religion, or sexual orientation. All submitted information is kept private and is only viewed by the selection committee. All submissions will be subject to investigation for claim validation. Any fraudulent submissions will be submitted for prosecution for theft.

Applicant's Signature: _____ Date of Request: _____