



SNHCA FOUNDATION ASSISTANCE APPLICATION

Purpose:

The SNHCA Foundation Fund Program is designed to provide limited financial assistance to eligible Concierge who are experiencing economic hardship due to certain emergency situations. A personal or family crisis involving an emergency financial need, unexpected medical expenses resulting in economic hardship, or an uninsured loss due to fire which resulted in economic hardship are just some situations eligible for consideration under this fund.

By-Laws:

Article 9 – SNHCA Foundation

The SNHCA Foundation is available to all Concierge throughout the city regardless of membership in SNHCA. To be eligible the Concierge must have passed their own hotel's probationary period and submit a complete application for financial assistance. The application can be submitted by the Concierge requesting assistance or by a friend or colleague on behalf of a Concierge in need. Once the application has been received by the SNHCA Foundation Administrator, it is then presented to the Officers of SNHCA in a confidential manner stating only the reason for the request for assistance, not the name of the Concierge. A vote is then cast by the SNHCA Officers to approve or deny the application and to decide the amount that will be given if the application is approved. The Treasurer of the SNHCA writes a check from the Foundation account and it is then delivered to the recipient.

Completed applications should be emailed directly to:

Mildred Schneidman philanthropy@snhca.com

Director of Philanthropy/SNHCA Foundation

The Board of Officers are responsible for determining the amount to be approved based on hardship, not to exceed \$500. Limited to one request per year.

Please note that Foundation assistance requests may take up to 4 weeks to process and not all submissions for Foundation assistance will be granted.

Assistance checks will be delivered or mailed within 7 days of approval

APPLICANT INFORMATION:

Applicant Name:

Property:

Job Title:

Property Probation Period Passed? **Yes** **No**

Applicant Personal Phone:

Applicant Personal E-mail:

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The Board defines 'financial hardship' as not having an additional source of income, or the funds to maintain basic daily expenses.

Please provide details on how circumstances affected you financially, and what the foundation assistance would be used for (i.e. utility bills, mortgage, hospital costs. etc.)

The details provided will help the Board to make a timely and informed decision.

Signature

Date