

# The HERO Fund Matching Grant Application

To be filled out by the **General Manager** or **Human Resources**, please print

CAFÉ/STORE: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

EMPLOYEE'S HOME ADDRESS: \_\_\_\_\_

**Please describe the circumstances causing the financial need:**

**Please describe how your team raised funds and how much was raised:**

If funding is approved, a check will be sent to you directly. Please check one of the following to indicate where you would like this check sent:

- Home address
- Café/Store

Please check one of the following.

- Yes** you may -or-
- No** may not use my story in any future HERO Fund updates.

**Matching Grant Application Submitted by (GM/HR):** \_\_\_\_\_

**Date:** \_\_\_\_\_

To be filled out by the **employee** requesting the matching grant, please print

## FINANCIAL DISCLOSURE STATEMENT:

**Send application to:**

The HERO Fund  
1855 S. Ingram Mill Road  
Springfield, MO 65804



Phone: 800-685-0385 x302  
Fax: 417-886-8550  
E-mail: [info@hamraheroes.org](mailto:info@hamraheroes.org)

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By signing below, I attest that I have no other assets that could reasonably be used to satisfy this emergency.

Signature of \_\_\_\_\_

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

To be filled out by The HERO Fund Coordinator in the Springfield Office

Approved by HERO Fund Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_



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