

## Grant Application Form

You have two ways to submit your application:

- 1) Fill this form out online and click the submit by e-mail button to e-mail it directly to the International Paper Foundation.
- 2) Fill this form out online and print it – or - Print this form and fill it out by hand.  
Submit it to your HR manager to fax to the International Paper Foundation at (901) 214-0849.

**Personal Information:** Please complete each item and provide supporting documentation where applicable.

(This information will be blanked out before application is sent to committee members)

Name Personnel Number  
Please enter your complete 8 digit Personnel # found in the upper left section of your pay stub.

Current Address Permanent Address

Home Telephone Number Work Telephone Number

Business Unit/Division Work Address

**Dependents as defined in IP Benefit plans**

Dependent eligibility would include your spouse to whom you are legally married, unmarried dependent children under the age of 19, unmarried dependent children between age 19 and 25 if a full time student enrolled in and attending an accredited secondary school, college, university or school of nursing.

Name Relation to employee

I hereby certify that the information contained in this application is true, correct and complete, and that I am requesting assistance only for amounts that are not reimbursable from insurance or any other sources.

Employee's Name (please print)

Date

Employee's Signature

---

## Review Committee Information

*(This information will be used to determine the eligibility of your request.)*

**Initials** *(Please enter your initials here)*

Individual(s) needing assistance:

Self                      Dependents as defined in IP Benefit plans

*(spouse, child, etc.)*

Combined Family Income **\$**

Detailed description of the event (natural disaster or personal emergency) that has occurred to cause you to seek help from the Fund: *(attach additional sheets if this text box is not large enough)*

Date of the event

Detailed description and estimated cost of damages to essential property and/or basic living needs that are being unmet, i.e., food, shelter, clothing. Please provide invoices or other documentation as appropriate. Note: Insurance deductibles and lost wages cannot be reimbursed by the fund. *(attach additional sheets if this text box is not large enough)*

Have you applied to, or contacted any other local or federal agency or your union for relief?

Yes          No

If yes, what organization(s)?

- Red Cross
- Salvation Army
- FEMA
- United Way
- Other, please list:

Have any of the organizations you contacted been of assistance? Please describe. *(attach additional sheets if this text box is not large enough)*

This item must be completed before the application is submitted to the Grant Review Committee.  
Do you have homeowners, rental, and/or flood insurance coverage or other sources of income to cover these expenses?

Yes            No

If yes, please specify which coverage applies and amount of funding available.  
*(attach additional sheets if this text box is not large enough)*

Total amount of uninsured loss: (please provide documentation)

\$

Please complete the Family Budget Form. Also please submit your most recent pay stub showing Regular pay.

Rev.11/11

Pressing the print button will print this document to your own printer.

Pressing the E-mail button will open your preferred email program; this document will be an attachment to an e-mail sent to the International Paper Foundation in Memphis, attn. Deano Orr and Amanda Morris.