



# Eric Gozur-Wayne McGlone Memorial Relief Fund - Application



**PART A: DOCUMENTATION** The following materials are **REQUIRED** for an application to be considered:

- 1. Your Team Leader (TL) must send an email directly to [sportclipsrelief@chisholm-trail.org](mailto:sportclipsrelief@chisholm-trail.org) which includes ALL of the following: A. Why the TL recommends the applicant for a EGWMMRF relief payment; B. Applicant's start date, C. active or inactive status, and D. part-time or full-time status.**
- 2. Include/attach all applicable documentation listed below WITH each application:**

Medical Issue	Lost Wages/Tips	Vehicle Accident	Death	Natural Disaster
<input type="checkbox"/> Invoices with adjustments by insurance; <input type="checkbox"/> Proof of insurance; <input type="checkbox"/> Doctor note for situation, and, if applicable, expected time off work	<input type="checkbox"/> Lost wages can be included in the letter from Team Leader (A1 above). Otherwise, submit: <input type="checkbox"/> Proof of pay rate (screen shot or copy of paystub); <input type="checkbox"/> How many hours/week missed.	<input type="checkbox"/> Police report <input type="checkbox"/> Report from insurance company	<input type="checkbox"/> Death certificate <input type="checkbox"/> Invoices for funeral expenses <input type="checkbox"/> Receipt for payment of funeral expenses	<input type="checkbox"/> Report from insurance company <input type="checkbox"/> Documentation from FEMA, Red Cross or other disaster relief agency

**PART B: INFORMATION**

1. Legal Name of Team Member (Employee): \_\_\_\_\_

2. Team Member (Employee) Address: \_\_\_\_\_  
 \_\_\_\_\_

3. Team Member (Employee) Email: \_\_\_\_\_

4. Team Member (Employee) Phone: \_\_\_\_\_

5. Team Leader (Employer): \_\_\_\_\_ 6. Store #: \_\_\_\_\_

7. Date Continuous Employment Began: \_\_\_\_\_ 8. Date of Loss Event: \_\_\_\_\_

9. Amount Requested: \$ \_\_\_\_\_ 10. Description of Loss Event and impact on Employee's

ability to work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Team Member (Employee)

\_\_\_\_\_  
 Date Submitted

*Scan/Email: [sportclipsrelief@chisholm-trail.org](mailto:sportclipsrelief@chisholm-trail.org) (or) Fax: (512) 863-2484 (or) Mail: Chisholm Trail Communities Foundation, Sport Clips Relief Fund, 116 West 8th Street, 2nd Floor, Georgetown, Texas 78626*



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### Eligibility Criteria

- Employees must have worked for Sport Clips, Inc. or a Franchisee of Sport Clips, Inc. for three or more consecutive months; an exception to the three month minimum rule may be made by a unanimous vote of the Independent Selection Committee.
- Full-time or part-time employees are eligible regardless of whether hourly or salaried or position held.
- Surviving dependents or family members of a deceased, eligible employee who was employed by Sport Clips at the time of death.

### Qualifying Events and Maximum Relief Payments

Independent Selection Committee members have the discretion to award relief payments up to the maximums listed below. Relief payments are primarily based on out-of-pocket, documented (by an outside party - such as a receipt) expenses, and depending on the circumstances, a relief payment may be less than the requested amount. The amount of each relief payment will be evaluated based on individual need, financial ability to cope with the event (which would take into consideration insurance coverage for the event), and the Fund balance.

- Death of an employee or immediate family member: \$15,000
- Serious injury or illness of any employee or immediate family member: \$10,000
- Loss of or severe damage to housing resulting in financial hardship: \$10,000
- Loss of or severe damage to automobile resulting in financial hardship: \$ 5,000
- Other unexpected catastrophic events: \$10,000

Total relief payments to any one employee and/or their family may not exceed \$25,000 in any twelve month period.

### **To submit Application Documentation and Information from Parts A and B:**

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