

The Meaghan Fund was established to help associates offset expenses in case of a catastrophic life event.
To apply, fill this application out and email to meaghan.fund@whgroup.com or fax to 414-266-7866.

- Eligibility requirements:**
- I am an associate of Wisconsin Hospitality Group.
 - I have exhausted all other appropriate means of assistance and an explanation is included.
 - The hardship:
 - Involves myself or my immediate family
 - Is unexpected, unusual and extraordinary
 - Is damaging to property or individuals, results in a loss of life, health or property
 - Documentation prepared by a third party showing financial hardship and that you have exhausted other resources is included with my application. (e.g.: bank statements, loan denials, Requests for state funding / supplemental funding) Grant award may not exceed \$500 if proof of financial hardship is not included.
 - I have not received a Meaghan Fund grant in the past 12 months.
 - If a grant is approved, I am willing to provide a testimonial.

Examples of approved applications: Medical emergency for self or member of household • House Fire • Natural disaster

Examples of non-approved applications: Loan or debt repayment • Expenses for family members not living in the same household

Check here only if you are filling out this form on behalf of another Wisconsin Hospitality Group employee.
Please provide your full name: _____
Please complete the rest of the form by providing the information about the employee on whose behalf you are applying.
Sign your name and date it at the bottom of the page.

Please Print Clearly:

Name _____ Store number & Position _____

Social Security number _____ Email Address: _____

Phone number _____ Best time to call _____

Home address _____ City _____ State _____ Zip _____

Amount requested _____ (Any amount over \$500 requires proof of financial hardship. See above.)

Have you previously applied for the Meaghan Fund? _____ If yes, when? _____

I am requesting funds because (Please be specific and provide details.) _____

What will you use the funds for? _____

By signing and presenting this application, I certify that the above information is correct and request that WHG review this application. Further, I waive any rights I have or may have under any federal, state or local law or regulation. I understand that submitting this application does not guarantee that funds will be granted.

Associate Signature or Sponsoring Associate Signature _____ Date _____

Office Use Only:

Date Received _____

Check Number _____ Committee Member Signature _____