



Student and Staff Emergency Fund Application

Section A – Eligible Applicant Information

Persons eligible for financial assistance shall be: (a) active, permanent employees of the University of Missouri Kansas City, School of Dentistry who are classified as regular full-time or regular part-time; or (b) currently enrolled students. Check your applicant type:

Student
 Staff

Eligible Applicant's Name	
Eligible Applicant's Street Address	
City, State, Zip Code	
County	
Mailing Address, if different from above	
Eligible Applicant's Phone Number	
Eligible Applicant's Email Address	

Section B – Determination of Net Eligible Loss/Expense

Applicants applying for assistance from the Fund must have a documented hardship, event, or emergency situation that has caused a financial hardship. This event or emergency must be: (i) an occurrence of any event or combination of circumstances or events that call for immediate action, or (ii) any pressing need following a sudden and unexpected happening, the occurrence of which was wholly unforeseen by the applicant and beyond the applicant's control.

Examples of emergency situations that could be considered as a basis for assistance include, but are not limited to: (i) natural disaster such as hurricane, flood, tornado, etc. resulting in destruction of the primary residence (rental properties are excluded) or displacement of primary residence; (ii) death in immediate family (spouse, parent, child) if accompanied by other hardships; or (iii) life-altering accidents. Common life occurrences such as routine car and home repairs, car and home maintenance, legal fees, monthly bills, animal care, and living beyond one's means are not qualifying events from which an award from the Fund will be made. Also, financial hardships caused by garnishments and loans do not qualify for assistance.

STEP 1 – Estimated Eligible Loss/Expense

Please provide a detailed list of Eligible Losses and the dollar value of each loss or expense. If a comprehensive report of loss is already available from an insurance carrier or government agency, indicate "See Attached" in the first column, provide the total dollar value of loss in the second column, and attach the comprehensive report of loss to this application. If a comprehensive report of loss is not available from an insurance carrier or government agency, list items in table and attach an additional sheet, if necessary. Attach documentation supporting the losses/expenses claimed.

Brief description of asset that was damaged/lost or expense incurred.	Dollar value of loss/expense
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Estimated eligible loss/expense (enter total in STEP 3, Line A)	\$

STEP 2 – Total Reimbursed Loss/Expense

List all insurance claims, grants, federal/state assistance and loans you have received or applied for related to any Eligible Loss/Expense you listed in STEP 1. Attach documentation supporting the amount of assistance received for the Eligible Loss/Expense.

Name of Compensation Source	Grant or Claim Amount	Grant or Claim Amount Approved	Grant or Claim Amount Received To-date
			\$
			\$
			\$
			\$
			\$
Total Reimbursed Loss Received To-date (enter this Total in STEP 3, Line B)			\$

STEP 3 – Net Eligible Loss/Expense

Complete this worksheet to calculate Net Eligible Loss/Expense.

A	Estimated Eligible Loss/Expense (Total from STEP 1 above)	\$
B	Total Reimbursed Loss/Expense (Total from STEP 2 above)	\$
C	Net Eligible Loss/Expense (Subtract Line B from Line A)	\$

Financial assistance may be awarded up to the following monetary limits: (i) no more than \$1,000 may be awarded to a student or employee during a twelve (12) month period; and (ii) no more than \$2,500 may be awarded to a student or employee during his/her employment or enrollment at the University.

Section C – Notices

- This application is a request for assistance and does not obligate the Rinehart Foundation Emergency Fund Committee to award any funds.
- The Rinehart Foundation Emergency Fund Committee shall provide assistance based on an objective review of the applicant's need or distress caused by the qualifying event or emergency.

Section D – Certification of Eligible Applicant

The undersigned does solemnly affirm, acknowledge, and agree that:

1. To the best of his/her knowledge, all statements in the application, including all attachments and supplemental information provided are true and accurate.
2. The losses/expenses submitted for reimbursement from the Fund were damages directly related to the qualifying event or emergency.
3. The Eligible Applicant agrees to indemnify and hold harmless the Rinehart Foundation, as well as their respective agents and employees, for any claims arising from the administration of the Fund.
4. The Eligible Applicant acknowledges that funding is limited and may become exhausted at any time.
5. In the event the Eligible Applicant fraudulently represents any information in the application or supporting documentation, the Rinehart Foundation may exercise any and all remedies available to it under law and shall refer the matter to the appropriate authorities for prosecution.

Signature

Date

Printed Name

If you have questions, please call (816) 235-2060 or email wheath@umkc.edu

Office use only:

_____ *Approved* _____ *Denied*

Amount: _____

Signature of review: _____

Date: _____

Addendum – Supplemental Information