



Team Member Foundation Assistance Application

To apply for a grant from the Wingstop Charities Team Member Foundation, please complete the application below and include the required back-up documents. Please **print** all information clearly and sign on the line provided below for your signature. The application will be reviewed by the Team Member Foundation assistance committee.

Section 1: Applicant Information

Applicant name: _____

Permanent address: _____ City: _____

State: _____ Zip: _____ County: _____

Daytime phone: _____ Other phone: _____

Email address: _____

Current mailing address (if different from above):

_____ City: _____

State: _____ Zip: _____ County: _____

Where are you employed?

Restaurant #: _____ Job title/position: _____

Length of time employed: _____

Section 2: Hardship Details

Which emergency situation has caused you financial hardship (*check one*):

- Natural disaster** (such as a tornado, hurricane, flood or the like)
- Qualified disaster** (a Presidentially-declared disaster)
- Personal hardship** (such as fire, serious illness or injury)

Type of situation: _____ Date of situation: _____
(Example: hurricane, tornado, fire, flood, injury, illness) (Must be within past 60 days)

Please explain the emergency causing financial hardship:

Number of family members affected: _____

Relationship of affected members: _____

Describe your immediate needs:

Section 3: Natural Disaster Information

If the emergency situation was a natural disaster, please complete the following. If not, please continue to Section 4.

If request is for home damage:

- | | | |
|---|-----|------|
| 1. Is home owned or rented: | Own | Rent |
| 2. Do you current reside in the damaged home: | Yes | No |
| 3. Will you be able to return to this home: | Yes | No |

