



Financial Hardship Assistance Program Guidelines

The Dave Morsberger Memorial Foundation (DMMF) Financial Hardship Assistance Program is designed to assist McClure Company families with financial assistance in times of hardship caused by unexpected emergencies. The need for assistance must stem directly from an event that causes an unforeseen financial circumstance.

Eligibility Requirements

Applicants must:

- Be an active McClure Company employee at the time of application and remain actively employed at the time financial assistance is received
- Have been a McClure Company employee for a period of least 12 months prior to the time of the event for which assistance is being requested

Examples of what may be covered:

- Life-threatening illness or injury
- Death incident in immediate family
- Natural disasters (flood, hurricane, etc.)
- Catastrophic or extreme circumstances (home fire, crime against employee, etc.)

What is not covered:

- Incidents that occurred more than 120 days prior to the application date
- Accidental damages due to negligence
- Accumulated financial debt, such as credit card payments
- Lost income due to divorce, cutback in hours, loss of job, or loss of child support
- Lack of medical insurance and/or homeowner's insurance

General Guidelines

- Eligible applicants may receive a maximum of one grant per event/incident.
- Selections will be made without regard for race, color, national origin, age, or sex of applicant.
- Awards for assistance shall be made based on financial need and severity of the qualifying event/incident.
- Once an application is received, it will be reviewed by the Hardship Assistance Committee, and the applicant will be notified of a decision within 5-7 business days.
- Grants will be paid to recipients via check.

Questions regarding the DMMF Financial Hardship Assistance Program should be sent to dmmf@mcclureco.com.



Financial Hardship Assistance Application

Please electronically complete this entire application form and submit with all requested supporting documentation online at <https://www.mcclureco.com/dmmf-financial-hardship-application>.

Please type all information.

Applicant Information

Full Name: _____ Date of Application: _____
First M.I. Last

Address: _____
Street

City State ZIP Code

Phone: _____ Email: _____

Are you an employee of McClure Company? YES NO

Job Title: _____

Dates of Employment: _____

Please provide any other relevant details about your employment with McClure Company, including jobsite or office location: _____

Qualifying Hardship Incident Information

Have you ever applied for and received financial assistance from DMMF before? YES NO
If yes, when? _____

Brief Summary of Qualifying Event/Incident: _____

Date of Event/Incident: _____

Amount of Financial Assistance Requested: _____

