



# PUJA FOUNDATION

*Associates Helping Each Other*

## GRANT APPLICATION

The **PUJA** FOUNDATION was established to help associates offset expenses in situations of a catastrophic life event.

To apply, complete this application and fax to **(866) 580-5990**.

**Eligibility Requirements:**

- I am an associate of Apple Texas Restaurants, Inc.
- I have exhausted all other appropriate means of assistance.
- 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
- If requested, I can provide relevant documentation prepared by a third party.
- I have not received a grant from the **PUJA** FOUNDATION in the past 12 months.

**Examples of approved applications:** Medical emergency for self or member of household, house fire, or natural disaster

**Examples of non-approved application:** Loan or debt re-payment, expenses for family members not residing in the same household

- Check here only if you are completing this application on behalf of another eligible associate.

Please provide your full name: \_\_\_\_\_

Please complete the following with the Associate's information that has experienced a financial crisis due to a catastrophic life event.

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Best time to be reached: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

Amount Requested: (Typical grants are \$50 to \$500) \_\_\_\_\_

Have you ever applied for funds from the **PUJA** FOUNDATION? \_\_\_\_\_ If yes, when? \_\_\_\_\_

I am requesting funds because: (Please be specific and provide details. You may use the back side of the application, if necessary)

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By signing and presenting this application, I certify that the above information is correct and request that the Puja Foundation review this application. Furthermore, 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's Signature or Sponsoring Associate's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date