Parx Employee Assistance Fund Application

The Program: Parx Employee Assistance Fund helps team members who are experiencing financial hardship due to a nationally declared disaster or other extreme situation by making grants to help cover basic living needs. Other team members and your employer make these grants possible.

Eligibility: You or your surviving eligible family members, as defined by company handbook, are eligible to apply if you meet all the following conditions:

- You are a full-time, part-time, hourly or furloughed team member.
- You have completed your 90-day probationary period with the company.
- You have experienced financial hardship due to a qualifying event that happened within the past 90 days. Qualifying events that happen outside of the 90-day period with extenuating circumstances may also be considered. A qualifying event is:
  - A federally declared natural disaster (flood, earthquake, wildfire, tornado, etc.) that has affected your primary residence.
  - A serious illness or injury (team member or eligible family member) that affects your ability to pay for basic living expenses.
  - A death (team member or eligible family members, as defined by the company's bereavement policy) when loss of income, funeral expenses, or medical expenses not covered by insurance affect your ability to cover basic living expenses.
  - Catastrophic or extreme circumstances (fire, robbery, assault, domestic abuse) that affect your ability to cover basic living expenses.

Grants: Grant support is limited to up to $2,000 annually per family and up to a maximum of three times or $6,000 during the time of employment with Parx. (Effective September 2025)

Each application must be for a separate and unique qualifying event.

Grant checks from the St. Louis Community Foundation will be sent directly to a vendor to cover eligible expenses from a current bill or invoice. No distributions will be made directly to team members.

Application: To be considered for grant support, complete all four pages of the application. Print your name at top of each page. Answering questions completely will help us process your request quickly. Please attach current bills, invoices, and supporting documentation.

SECTION 1: INFORMATION ABOUT YOU

Team Member Name (print clearly):			
Permanent Home Address:			
City:		State:	Zip:
Daytime phone: ( )	Other phone: ( )	Email you check regularly:	
How much time off do you currently have available (this will be verified with HR): _____Vacation Days _____Sick Days		Work Location: ☐Bensalem ☐Shippensburg	
Hire Date:	Job Title:	Team Member ID#:	Have you applied to this program before? ☐Yes ☐No

Team Members, printed clearly: _____

SECTION 2: DESCRIBE YOUR SITUATION

Which qualifying incident caused your current financial hardship?

☐**Natural Disaster** ☐**Serious Illness or Injury** ☐**Death in Family** ☐**Catastrophic or Extreme Circumstances**

Detail of incident:_____ Date of incident: _____
(tornado, flood, type of illness or surgery, deceased's name & relationship, name of circumstance, etc.) (must be within 90 days of application)

Was the incident covered by insurance? ☐Yes ☐No

If yes, is your application today being submitted after insurance coverage has been applied? ☐Yes ☐No

If no, why not?

Describe what happened that caused your financial hardship:

Please tell us anything else you feel would help us understand the hardship you and your family are experiencing as a result of this incident:

Have social service agency resources been requested or used? If you have already received services, please tell us which organization(s), how they were able to help, and include details of monetary or other support:

Your church, the American Red Cross, Salvation Army, FEMA, and other local agencies may also be able to help.

Team Members, printed clearly: _____

SECTION 3: SPECIFIC REQUEST

Grants are paid to vendors in response to an unpaid bill or invoice for eligible, basic expenses. Examples of eligible expenses:

- rent, mortgage or other housing payments
- temporary housing and security deposits for new housing
- utility bills (electricity, heating, water, etc.)
- medical expenses not covered by insurance
- home repairs necessary to restore or maintain safety
- funeral expenses for immediate family, as defined by company bereavement policy
- car repair
- internet, phone payments
- furniture, appliances, electronics (only after fire, flood or natural disaster)
- cleaning services (only after fire, flood, or natural disaster)

See Grant Documentation below for more detail.

The Program **cannot** make grants for the following:

- reimbursements to team members or other individual
- legal fees
- credit card debt or collection agency requests
- car payments
- insurance premiums
- grave markers
- student loans or expenses
- home repairs due to negligence or neglect

Grant Payment: If an application is approved, payment(s) to the vendor(s) will be made by check and will include the Team Member's account number, if applicable, and a copy of the bill or invoice provided with the application. In general, the minimum vendor payment is $250; the annual maximum is $2,000.

Grant Documentation: Please list the bills you need assistance with, ***listing the most important ones first***. If you are requesting payments to more than three vendors, attach a page with identical information provided. Please include the following:

- Bill, invoice, lease, mortgage coupon, statement of amount due.
- A published obituary or death certificate is required for expenses relating to a death that are not included on an invoice from a mortuary.
- Fire, police, or other official reports are required for applications resulting from catastrophic events.

Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

Team Members, printed clearly: _____

SECTION 4: THE FINE PRINT

This charitable program was established in 2020 by Greenwood Racing, Inc to receive gifts from team members, the company, and others who believe in the power of community members helping each other. The program is a charitable entity because of the company's partnership with the St. Louis Community Foundation, a 501(c)3 public charity whose mission is to help organizations, families and businesses put their charitable dollars to work in the community. The program is controlled and administered by the Community Foundation for the support of eligible team members who apply for support. Though Greenwood Racing, Inc. and its leaders initiated the fund and advise the Community Foundation, all decisions are determined by the Community Foundation.

An application does not guarantee grant support. If awarded, the grant support you receive is not considered a team member benefit. Applications are assessed without regard to your work evaluation or position within the company and will not impact your employment in any way.

This application will be confidential between you and the Community Foundation.

Your signature below signifies that you understand the paragraphs above, that only one application for support can be filed in a calendar year, that the minimum vendor payment is $250, that the annual maximum that you can request is $2,000, and that support may be below this amount.

Your signature below also certifies that the information you provided is true and complete, releases the St. Louis Community Foundation and Greenwood Racing, Inc from any liability associated with the denial of or funding of this application, and authorizes the Community Foundation to verify information provided in connection with processing this application.

Signature: _____ Date: _____

Before you submit, complete the Application Checklist for your own peace of mind:

- ☐ I read the requirements and I feel that I qualify
- ☐ I emailed parx@stlgives.org or called 314-880-4957 with any questions I had
- ☐ I completed Sections 1, 2 and 3 with all the details requested
- ☐ I am enclosing current required documentation for each vendor listed in Section 3.
- ☐ I am also including documentation of the incident, such as an obituary, police, or fire report
- ☐ I read Section 4 thoroughly, and signed and dated my application
- ☐ I am keeping a copy of my application for my files
- ☐ I am emailing or mailing my entire application and supporting documentation to parx@stlgives.org

The **Parx Employee Assistance Fund,** a component fund of the St. Louis Community Foundation, a 501(c)(3) public charity, does not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability. The St. Louis Community Foundation is solely responsible for all decisions regarding charitable distributions from the fund.

Send your completed, signed application with supporting documentation to parx@stlgives.org

Parx Employee Assistance Fund
#2 Oak Knoll Park
St. Louis, MO 63105