



*A helping hand for tomorrow's leaders*

## Application Procedure

The Phil Hargett Memorial Fund was established with donated money to provide **TEMPORARY** assistance for families with financial emergencies or hardships. The application form must be completed in its entirety by the parent/guardian of the student and submitted to the Foundation Office with all requested documentation. Your application is processed confidentially and someone will contact you directly to let you know the amount of assistance in which you have qualified. If you have questions about the form please contact the Foundation Office by phone at (704) 238-9879 or email [Donna.Holland@weareua.org](mailto:Donna.Holland@weareua.org)

- Please email or call the Foundation to schedule a time to meet with a committee member and review your application. Appointments take 10 minutes and are available Tuesday, Thursday and Friday 7:30 am-7:55 am or 3:00- 3:30 pm the first week of each month. **All applicants must set appointment for the application to be reviewed.** Applications must be turned in by the first Tuesday of the month in order to be considered for that month. The fund committee meets once a month. Any application turned in after the first Tuesday will be considered during the committee's next month meeting.
- **All overnight field trip assistance applications must be submitted 3 weeks prior to payment deadline set by the UA Business Office.**
- Please provide a copy of your 2022 W2 and/or 1099 and 2022 Tax Return 1040 **and** a copy of your current pay stub.
- Please provide detailed explanation of your financial circumstance for the committee to review or if reapplying, please explain ways you have implemented or plan to implement change in your financial situation.
- If applying for Field Trip assistance, the completed Field Trip form (from the school) and insurance information must be submitted with this application.

## Selection Criteria

Financial assistance will be awarded at the discretion of the Fund committee. All financial assistance will be paid directly to Union Academy and will be designated for school field trips, athletic fees, lunch, band and other special circumstances. The Phil Hargett Committee will consider the following when selecting recipients:

- Financial need as determined with an applicant's household and other financial factors
- Record of good citizenship by the family, as evidenced by school and community involvement

## Mission Statement

*A Helping Hand for Tomorrow's Leaders...*

The Phil Hargett Memorial Fund was established with donated money to provide **TEMPORARY** assistance for families with financial emergencies or hardships. Phil Hargett was a man with a lifelong mission of helping the community and making a difference. We hope that this fund will create a real and lasting change in the world.

*A Personal Favorite Poem of Phil Hargett's*

*"To laugh often and much, to win the respect of intelligent people and affection of children; to earn the appreciation of honest critics and endure the betrayal of false friends; to appreciate the beauty, to find the best of others ; to leave the world a bit better, whether by a healthy child, a garden patch or a redeemed social condition; to know even one life has breathed easier because you have lived. This is to have succeeded." Ralph Waldo Emerson*

**Household Information, Please include Student(s) applying for assistance:**

FULL NAME	RELATIONSHIP	GENDER	GRADE LEVEL
	<i>Mother</i>	n/a	n/a
	<i>Father</i>	n/a	n/a
	Student needed assistance		

**Parents:**     \_\_\_ **married**            \_\_\_ **separated**            \_\_\_ **divorced**            \_\_\_ **single parent**

# of children currently residing in household: \_\_\_\_\_

# of adults currently residing in household: \_\_\_\_\_

# of children outside of household: \_\_\_\_\_

Other family residing in Union County: \_\_\_\_\_

\_\_\_\_\_

Daytime/Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever received financial assistance from the Phil Hargett Memorial Fund? Yes or No and if yes how many times \_\_\_\_\_?

**EMPLOYMENT HISTORY: *\*\*Please provide a copy of current paycheck stubs for both parents\*\****

Current Employer Mother:

Start Date: \_\_\_\_\_ Date of Next Paycheck: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours per week: \_\_\_\_\_ FTE/PTE

Job Title: \_\_\_\_\_

Are you paid weekly or biweekly? \_\_\_\_\_

Current Employer Father:

Start Date: \_\_\_\_\_ Date of Next Paycheck: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours per week: \_\_\_\_\_ FTE/PTE

Job Title: \_\_\_\_\_

Are you paid weekly or biweekly? \_\_\_\_\_

**Financial Information: *\*\*Please provide a copy of your W2 and/or 1099 and Tax Return 1040\*\****

Please list out your family's major monthly expenses:

Number of cars \_\_\_\_\_

Monthly car payment(s) \_\_\_\_\_

Mortgage/Rent payment \_\_\_\_\_

Total estimated monthly family expenses (including above payments) \_\_\_\_\_

Homeowner: \_\_\_\_\_ yes, if so balance of home mortgage \_\_\_\_\_

Earned Income (NET Wages)	\$
Food Stamps	\$
SSI	\$
SSDI	\$
Unemployment	\$
Child Support	\$
Other Unearned Income	\$
TOTAL INCOME	\$

**To apply to the Phil Hargett Memorial Fund, your child(ren)'s activity fees must be paid in full and your family must stay current with your 60 hours of volunteer hours each year.**

**Have you paid your child(ren)'s activity fees in full to the UA Business Office? Y\_\_ N\_\_**

**How many volunteer hours did your family complete last school year? \_\_\_\_\_**

**Committed to date for current school year? \_\_\_\_\_**

**Please choose the area that you need assistance with:**

\_\_\_ Lunch \_\_\_ MS Field Trip \_\_\_ HS Field Trip \_\_\_ Senior Retreat \_\_\_ Marching Band \_\_\_ After School

\_\_\_ Cardinal Athletic Fees: What sport/team is your child accepted to? \_\_\_\_\_

\_\_\_ Union Athletic Association Fees: What sport is your child accepted to? \_\_\_\_\_

Please provide detailed information on why you need financial assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By signing below, I/we certify that the information provided in this application is accurate, complete and true to the best of my/our knowledge and belief. Financial assistance will be awarded at the discretion of the PHMF committee.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Phil Hargett Memorial Fund is administered by the Union Academy Foundation*