***Les Clefs d’Or Foundation of the Americas***

***Grant Application***

# **If you are applying for a grant because you were furloughed or laid off as a result of the COVID-19 Pandemic, you must be an active member of Les Clefs d’Or and be unemployed, due to the crisis, to qualify. Maximum grants for COVID-19 applicants is $500 (a symbolic gesture of care and friendship).**

# Submitted Date Month/Date/Year:

# Concierge’s name: (Last)       (First)       (Middle)

# Social Security or Federal Identification Number:

# Home Address:

# Email:

# Personal Telephone:       Work Telephone:

# List contact in case of emergency: Name:       Contact #:

# How long have you been employed as a concierge? Years:       Months

# Name your hotel employer & contact #

# Are you still working full time at this hotel?

# If no, how many months has it been since you worked there on a full time basis:

# Is this grant application for you:       Your Spouse:       Your Partner:

# Dependent Child:       Dependent Parent:

# Full name of the applicant:       Relationship:

State your reason for the grant request:

If the application is being completed by someone other than the applicant, please explain:

**GRANT APPLICATION FINANCIAL INFORMATION**

**WAGES**

Monthly Gross: $

Monthly Net: $

Last year’s adjusted gross income: $

Do you qualify for government benefits?

Have you applied for government benefits?       If yes, please include a copy of your filing confirmation.

**ASSETS**

# Checking Account: $      Savings Account: $

# Investments: $      Stocks/Bonds: $

# Real Estate $      Business Assets: $

**LIFE INSURANCE**

# Cash Value:

**MAJOR MONTHLY EXPENSES**

# Mortgage: $      Tax Assessment $

# Rent: $      Insurance $

# Bank Loans/Credit card debt: $

# Transportation: (Gas, tolls, fares) $

# Car Payments: $

# Day Care: (children, senior, disabled): $

# Child/Spousal Support (owed): $

**MEDICAL DEBTS – MUST BE COMPLETED FOR MEDICAL GRANTS ONLY**

Outstanding Medical Bills:

To Whom Initial Total Balance Due Monthly Payments

# 

Projected Medical Expenses:

To Whom Initial Total Balance Due Monthly Payments

# 1)

Additional Monthly Expenses:

To Whom Initial Total Balance Due Monthly Payments

# 1)

**OTHER MEDICAL EXPENDITURES:**

**OTHER INFORMATION YOU’D LIKE TO SHARE:**

**My signature confirms that the information on the application is complete, correct, and true.**

**Note: The completed financial Information application and a Statement of Diagnosis from the attending physician with his/her name, address, and signature of physician, must be enclosed/submitted with the completed application. Your signature authorizes Les Clefs d’Or Foundation of the Americas Board to participate in needed information exchange with the designated parties on the application with the intent of assisting the Foundation in making eligibility determinations. These benefits are available to all qualified applicants regardless of race, creed, religion, national origin or sexual orientation.**

**Submit your Application to the LCD Foundation of Americas Chairs, below:**

Olga S. Pierce, Chair Ginny Thomason, Chair

#### Email: [ospierce@conciergeunlimited.com](mailto:ospierce@conciergeunlimited.com) Email: [tginny@rocketmail.com](mailto:tginny@rocketmail.com)

#### Mail: c/o Concierge Unlimited International 5920 Bond Court, Alexandria, VA 22315

Jewelers Building, Suite 725 Tel: 703-971-5272

*35 E.* Wacker Drive, Chicago, IL 60601

**By 24hr Fax: 312-220-0525** Tel: 312-220-0500

**Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**