



The Rose Fund was established to help associates offset expenses in cases of catastrophic life events.

Please complete all information below before submitting to the committee using one of the following delivery options:

1. By FAX to Rose Fund Committee 215-579-4361
2. By MAIL to Rose Fund Committee, 29 Friends Lane, Newtown PA 18940
3. By dropping it off at the office, 29 Friends Lane, Newtown PA 18940

ELIGIBILITY REQUIREMENTS:

- I am an associate of The Rose Group
- 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 loss of life, health or property
- If requested, I can provide relevant documentation prepared by a third party
- I have not received a Rose Fund grant in the past 12 months

Examples of approved applications: family member’s death, house fire, natural disaster

Examples of non-approved applications: loan or debt repayment, expenses for family members not in same household

Check here if you are filling out this form on behalf of another Rose Group associate
Provide your name _____

Please complete the below providing the required information about the **Associate** the Grant is for.

Name: _____ Store/Dept: _____

Home Address: _____
street city state zip

Amount requested (Typically grants are between \$50 and \$500): _____

Have you previously applied for The Rose Fund? _____ If so, when? _____

I am requesting funds because (please be specific and provide details)

By signing and submitting this application, I certify that the above information is correct and request that The Rose Group review this application. Further, 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.

Applicant or sponsoring associate signature

Date

General Manager Signature

Date