



Staples Share Fund Grant Application

ASSOCIATE'S INFORMATION

(Please Type or Print)

Name:	
Staples Employee ID#:	
Title:	
Facility/Location:	
Home Address:	
City/State/Zip:	
Best Phone Number:	
E-mail Address:	

INDICATE THE TYPE OF ASSISTANCE REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> Catastrophe/Natural Disaster | <input type="checkbox"/> Funeral Expense |
| <input type="checkbox"/> Illness or Accident | <input type="checkbox"/> Military Deployment |

Requested Amount:	\$
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What is the reason for your request for assistance? Please provide as many details as possible.

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Explain in detail how you will use the grant funds, if received.

List any other assistance you have applied for, are receiving or have received for this event. (Insurance, American Red Cross, Salvation Army, food pantry, etc.)

DECLARATION:

By signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information is true and correct. Additionally, I authorize the Staples Share Fund to use this information in determining my qualifications for receiving a grant, including disclosing such information to others as necessary outside of the Staples Share Fund. I understand that funding from the Fund is not guaranteed or a specific benefit of my employment. Any grant, if made, is from the Staples Share Fund and not Staples, Inc. I certify that if a grant is received it will only be used for my expenses incurred in connection with the situation described in this application. I authorize the Staple Share Fund to disclose my name and grant amount, if a grant is issued, in furtherance of its purposes and legal requirements.

Signature: _____ Date: _____

Mail or deliver completed application to The Staples Share Fund, 500 Staples Drive, Framingham, MA 01702 or email StaplesShareFund@staples.com.

The Staples Share Fund will not consider incomplete applications. Financial assistance is at the discretion of the Staples Share Fund, Inc. and is not a benefit of employment by Staples, Inc.