

WBCA Benevolent Fund

Application for Financial Assistance



What is the WBCA Benevolent Fund?

The WBCA Board of Directors has established the WBCA Benevolent Fund to provide financial assistance to WBCA active or associate members:

- (a) Who are or were not (in the case of job loss) high-income earners;
- (b) Who do not have reasonably adequate savings;
- (c) Who incur severe undue hardship through no fault of their own due to unforeseen or unavoidable circumstances such as an unexpected crisis, including unanticipated loss of employment that is not for cause; and
- (d) Who apply and are approved for such financial assistance by the WBCA Benevolent Fund Committee.

Am I eligible to apply for assistance from the Fund?

- Are you currently a WBCA active/associate member in good standing and/or were you a member at the time the circumstances causing the undue financial hardship or the unexpected crisis first occurred or began to occur?
- Are you a retired or inactive coach who before you retired or became inactive was a WBCA active/associate member in good standing who has maintained WBCA membership since you retired or became inactive, and was a member at the time the circumstances causing the undue financial hardship or the unexpected crisis first occurred or began to occur?
- Do you believe you have a lawful and bona fide financial need that meets the standards of an undue financial hardship or unexpected crisis as defined below?
- Are you willing and able to substantiate your need in writing on the application and provide all documentation that is required?
Are you willing to speak by phone with a member of the WBCA staff and/or committee to discuss and
- clarify information provided in your application?

What is an undue financial hardship?

It is an extraordinary circumstance(s) particular to your situation, that you did not deliberately cause or was not caused by your negligence, which is/are of such magnitude or severity that you do not have or cannot raise sufficient money to reasonably expect a favorable outcome to the situation.

What is an unexpected crisis?

It is any circumstance or combination of circumstances that create sudden and immediate expenses or pressing needs due to a sudden and unexpected calamitous or catastrophic event, which you could not possibly have anticipated or foreseen.

Occurrences that may qualify as undue financial hardship or unexpected crisis.

Examples of extraordinary life occurrences that may qualify as undue financial hardship or unexpected crisis include, but are not limited to, unforeseen expenses caused by:

- Sudden unexpected medical emergencies or family emergencies.
- Sudden unanticipated loss of employment for reasons other than cause.
- Acts of nature.

An application that successfully demonstrates one of these occurrences has a likelihood of being successful.

Occurrences that DO NOT qualify as undue financial hardship or unexpected crisis.

Common life occurrences that do not qualify as undue hardship or unexpected crisis include:

- Debts, losses or related obligations arising from business ventures, investments or anything intended to bring you financial profit.
- Credit card payments, except when it becomes necessary for you to use a credit card in an unexpected crisis.
- Non-essential payments such as cable TV bills, internet bills, routine home and vehicle maintenance or repairs or car accidents not resulting in severe or catastrophic injury, general dentistry, veterinarian bills, or medical needs for which insurance is available.
- Evading the law, seeking to make bail, or having to pay fines as a result of breaking the law.
- Attorney or other legal fees, garnishments, judgments, child support liabilities or settlements arising from civil litigation or criminal behavior.
- Gambling debts.
- Penalties relating to irresponsible actions.
- School tuition, fees or student loans.
- Living beyond one's means.

An application based on one or more of these occurrences WILL NOT be successful.

How will my application be processed?

Submit your application, along with all necessary documentation, by email to jwatford@wbca.org. Authorized staff will review your application to ensure it is complete and then forward it to the Benevolent Fund Committee for consideration. Staff will contact you if the committee requests additional information or seeks clarification on any of your responses. Staff will notify you by email as to whether your application is APPROVED or DISAPPROVED once the committee takes action.

Your application is confidential. It will be seen and handled only by authorized WBCA staff and the five members of the Benevolent Fund Committee. Neither your identity nor the fact that you applied for financial assistance will be disclosed to the WBCA Board of Directors, any other WBCA committee or individual member, or the public.

If approved for assistance, how will it be paid?

The WBCA office will mail you a check in the amount approved within five (5) business days of the committee's decision.

Who do I contact if I have questions about the Fund in general, applying for assistance, or the status of an application I have made?

Contact Jack Watford, WBCA director of communications, by email at jwatford@wbca.org or by phone at 770-279-8027 ext. 112.



Women's Basketball Coaches Association Benevolent Fund

Application for Financial Assistance

Read and follow instructions. Complete front and back of form. Provide all information requested. Submit by email to jwatford@wbca.org or by fax to 770-279-8473.

FOR WBCA OFFICE USE ONLY

Received _____

Scheduled _____

Outcome _____

This application is a/an: Initial request Re-application If reapplying, how many times have you previously applied? _____

APPLICANT INFORMATION

Name _____ Date of application (MM/DD/YR) ___/___/___

Mailing address _____
Street, route, P.O. Box City State Zip Code

Physical address (if different) _____
Street, route, P.O. Box City State Zip Code

Cell phone (_____) _____ Email address _____

Marital status Single Married Separated Divorced Widowed

EXPLANATION OF REQUEST FOR FINANCIAL ASSISTANCE

Basis for request: Job loss Serious illness/injury Disaster Death in family Other _____

On what date did the circumstance leading to this request occur or begin to occur? (MM/DD/YR) ___/___/___

If death, what is your relationship to the decedent? _____ Date of death (MM/DD/YR) ___/___/___

Do you currently receive any type of federal/state financial assistance? Yes No If yes, type _____

Amount of financial assistance you are requesting \$ _____

Explain in detail the undue financial hardship (unexpected crisis or extraordinary life occurrence) that necessitates this request for assistance (attach separate sheet of paper if additional space is needed).

EMPLOYMENT/SALARY INFORMATION

Are you currently employed? Yes No Employment is/was Full Time Part Time

Name of current/last employer _____

Mailing address _____
Street, route, P.O. Box City State Zip Code

Gross salary per pay period \$ _____ Net salary per pay period \$ _____ **Attach copy of most recent/last pay stub.**

I am/was paid: Weekly Bi-Weekly Monthly Other _____

If no longer employed: Employment ended (MM/DD/YR) ___/___/___ Termination was voluntary involuntary

Explain termination (if voluntary, explain why you resigned job; if involuntary, explain if termination was for cause or not for cause)

HOUSEHOLD ASSETS

I own rent my home and my mortgage/rent payment is \$ _____ per month.

Provide information for each asset category below. You may attach an explanation on a separate page if necessary.

Assets	Total Amount	Description, source (work, inheritance, bonus, severance, leave payout)
Cash on hand/savings	\$ _____	_____
Investments (stocks, bonds, IRAs, etc.)	\$ _____	_____
Primary home (list current equity)	\$ _____	_____
Other real estate	\$ _____	_____
Other assets not listed elsewhere	\$ _____	_____

Additional details (if needed)

DEPENDENTS AND OTHERS LIVING WITH YOU

Name	Relationship	Age	Employed	
			Yes	No
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

Total amount of any combined net monthly income these individuals provide the household \$ _____

SUPPORTING DOCUMENTATION

Attach the necessary pay stub and any supporting documents [e.g., mortgage statement, rental agreement, utility bill(s), medical bill(s), other] for which financial assistance is requested.

CERTIFICATION OF APPLICATION

I certify that the information provided in this application and all attachments is accurate to the best of my knowledge.

Signature (type name to certify application) _____ / _____
Date