GOLD WING TOURING ASSOCIATION

Destination Friendship

Helping Hands
Application

ALL GRANTS, WHETHER TO APPLICANTS OR CHAPTER REIMBURSEMENT, WILL BE SUBJECT TO APPROVAL BY THE GRANT COMMITTEE AND AVAILABILITY OF HELPING HANDS MONIES. THE HELPING HANDS COMMITTEE WILL DECIDE THE AMOUNT OF GRANT, UP TO $500, BASED ON NEED OF MEMBER, AVAILABILITY OF FUNDS AND NUMBER OF REQUESTS RECEIVED AND ORDER OF RECEIPT.

Forward completed application to:

Gold Wing Touring Association
Helping Hands
P. O. Box 42403
Indianapolis IN 46242-0403

Phone: 1-800-960-GWTA (4982)

(Please type or print clearly)

Name(s) of Applicant ______________________________

Address ______________________________

City ____________________ **State/Province** ________ **Zip/Postal** ________

Member # ____________ **Expiration Date** ____________ **Phone (___)** ____________

Amount Requested $ ________

Reason for Assistance Request ______________________________

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Verified by ____________________ **Member #** ____________ **Expiration Date** ____________

Signature ____________________ **Date** ____________

NOTE: Please complete questionnaire on back/page 2 before mailing.

Helping Hands Grant Committee Use Only
❑ Disapproved ❑ Approved Amount $__________
A WRITTEN EXPLANATION WILL BE FORWARDED IF DISAPPROVED.

Rev. 11/17/14

PLEASE COMPLETE ALL INFORMATION PERTAINING TO THIS REQUEST FOR A HELPING HANDS GRANT:

ACCIDENT, INJURY OR ILLNESS

Member condition and prognosis:

____

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Self-employed without insurance? Yes_____ No_____

Self-employed with no ability to generate income? Yes_____ No_____

Has employment insurance through the employer? Yes_____ No_____

Has a spouse who is working? Yes_____ No_____

Is included on spouse's employment insurance? Yes_____ No_____

Estimated dollar amount of expenses that will not be covered by insurance?

____

If accident, will an insurance settlement be received? Yes_____ No_____

PERSONAL

Family illness? Yes_____ No_____ Relationship to member ________________________________

Condition and prognosis:

____

____

____

Estimated dollar amount of expenses that will not be covered by insurance?

____

Destruction of home? Yes_____ No_____ Is home habitable? Yes_____ No_____

Cause of Destruction ____

Home was covered by insurance or renters insurance? Yes_____ No_____

Estimated dollar amount of home rebuild/repair that is not covered by insurance:

____

Death in Family? Yes_____ No_____ Relationship to member ______________________________

Grant would assist with payment of what type expenses:

____

____

Loss of Job/Unemployed? Yes_____ No_____ How long out of work? _____________

Receives unemployment compensation? Yes_____ No_____

Member has income from any other source? Yes_____ No_____

Unemployment compensation is sole income for family ________ Single Person______

Estimated dollar amount of monthly needs not covered:

____

OTHER (please explain in detail)

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