



Application for Financial Assistance

The Aimbridge Aid Foundation has been established for the purpose of providing financial resources for associates who are experiencing or have been the victim of natural disasters or catastrophic events.

PLEASE REVIEW THE GUIDELINES PRIOR TO COMPLETING THIS APPLICATION. Applications will not be considered unless all requested information with supporting documentation is received.

SECTION I: Associate Information

Name _____ Date _____

Current Street Address _____

City _____ State _____ Zip _____

Cell Phone _____ Other Phone _____

Email Address _____ Do you OWN or RENT your home?

If "Renting," do you have renter's insurance? YES NO

SECTION II: Hotel/Work Location Information

Hotel Name _____

Position _____ Date of Hire _____

Hotel Address _____ State _____ Zip _____

General Manager Name _____

SECTION III: Statement of Need (DO NOT LEAVE BLANK)

Describe your personal situation and the assistance needed most at this time, including amount of monetary request. Your manager can assist you with this, and can submit the application on your behalf if necessary. Please include details, and attach any appropriate supporting documentation.

Is your need related to loss/damage of personal property? YES NO

Are your losses/damage covered by insurance? YES NO

Name of Insurance Company:

(Documentation of loss/claim is required)

Have you requested assistance from Aimbridge Aid previously? YES NO

If yes, when did you submit your application? _____

Was your request approved? YES NO

If yes, how much did you receive? \$ _____

Are you currently working any shifts at your hotel? YES NO

Are you currently, or have you previously received financial assistance, outside of Aimbridge Aid?
 YES NO

If yes, please specify the type of aid received: _____

If yes, how much did you receive? \$ _____

By checking this box and submitting this form, I am affirming that the above information is true and accurate to the best of my knowledge.

Aimbridge Hospitality has the right to request additional information to substantiate and facilitate the application process. GM/Manager/Corporate Leader may submit application on associate's behalf.

Completed applications may be scanned and/or emailed to:

AimbridgeAid@aimhosp.com