



SHINING STAR FOUNDATION

GRANT APPLICATION

INSTRUCTIONS FOR COMPLETION

The Shining Star Foundation is a 501(c)(3) nonprofit organization created by CKE Restaurant employees to help coworkers in their time of need. ***We Take Care Of Our Own!***

Any CKE or StarCorp employee in the United States with at least one (1) year of service who has experienced an emergency or unforeseen hardship can apply for financial assistance up to \$2,000 through the foundation once per year.

Each application undergoes a review by the Shining Star Board to ensure a qualifying emergency or hardship exists; examples include:

- Natural disasters such as a flood, fire, tornado, earthquake, hurricane, etc. that creates a need for assistance beyond employees' capabilities.
- Damage to home or living environment, fires, or other unusual unforeseen expenses not covered by insurance.
- Serious illnesses or injuries to the employee, loss of a family member, or other emergency situations beyond the capabilities of the employee to handle alone.

Please complete this application in its entirety by answering ALL questions. The completed application **must** be typed and signed by the applicant and his/her supervisor.

APPLICANT INFORMATION (THIS APPLICATION MUST BE TYPED.)

Applicant Name

Hire Date (minimum 1 year employment required)

Applicant Job Title

Contact Phone Number

Email Address

Home Address, City, State, Zip Code

Store Name, Store Number, Store Phone Number

Fax completed application to 615-814-8333
or email to shiningstar@ckr.com
Questions? Contact shiningstar@ckr.com



**APPLICATION FOR ASSISTANCE
(THIS APPLICATION MUST BE TYPED.)**

Has the applicant received assistance from the Shining Star Foundation in the past 12 months?

Yes

No

What date did the unforeseen event occur?

Please explain in detail why you are requesting assistance from the Shining Star Foundation as it related to the unforeseen event:

Amount requested: (maximum of \$2,000)

List all out of pocket expenses incurred due to the unforeseen event:

How will Shining Star Foundation funds be used as it relates to the unforeseen event:

If the unforeseen event happened to an immediate family member, how is the family member related to the employee?

Is this person claimed on the employee's taxes and/or is the applicant the primary supporter of this person?

Yes

No

List ages and relationships of household members that the applicant is financially responsible for (claimed on taxes):

List all other forms of income:

Does the applicant have any other financial resources available to cover the cost of the tragedy?

Does the applicant or applicant's spouse have insurance applicable to the tragedy?

Health:	_____ Yes	_____ No	_____ Deductible
Car:	_____ Yes	_____ No	_____ Deductible
Renter's:	_____ Yes	_____ No	_____ Deductible
Homeowner's:	_____ Yes	_____ No	_____ Deductible
Life:	_____ Yes	_____ No	_____ Amount

Does the applicant have disability coverage through the government or any private source?

Yes
No

Does the applicant have any government assistance for medical expenses (i.e. Medicaid, county or state plans)?

Yes
No

Did the tragedy force the applicant to miss work?

Yes How many days? _____ How much were the lost wages? _____
No

If your application for support is awarded, do you grant Shining Star Foundation permission to share your story without mentioning your name? Sharing your story will raise awareness of the foundation and enable us to assist more team members in the future.

Yes, I give permission to use my story.

No, please do not use my story.

Along with this completed application, please provide a copy of related documentation. Examples include: medical bill, receipts from expenses incurred due to the tragedy, police report, etc.

**By signing this application, I have verified that all statements are true and correct to the best of my knowledge and this applicant meets all Shining Star Foundation guidelines.

Applicant Signature

Date

Supervisor Name

Supervisor Title

Supervisor Signature

Date