



# SHINING STAR FOUNDATION GRANT APPLICATION

## INSTRUCTIONS

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, Phase Three Brands, Superior Star LLC or Star Corp, LLC, employee in the United States with at least six (6) months of consecutive service who has experienced an emergency or unforeseen hardship can apply for financial assistance up to \$2,000 through the foundation once a year.

Each application undergoes a thorough review by the Shining Star Board to ensure a qualifying emergency or hardship exists. Examples include:

- 1 **Natural disasters such as floods, fires, tornadoes, earthquakes, and hurricanes.**
- 2 **Damage to housing or other unusual expenses not covered by insurance.**
- 3 **Serious illnesses, injuries, or loss of the employee or immediate family member.**

**Vehicle maintenance and auto accident repairs are not considered for grants.**

**Please complete this application in its entirety by answering ALL questions.  
The completed application must be typed and signed by the applicant and the  
Restaurant General Manager, District Manager or equivalent RSC role.**

## APPLICANT INFORMATION

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Hire Date**

\_\_\_\_\_  
**Applicant Email Address**

\_\_\_\_\_  
**Applicant Job Title**

\_\_\_\_\_  
**Home Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Contact Phone Number**

\_\_\_\_\_  
**Store Number**

\_\_\_\_\_  
**Store Name**

\_\_\_\_\_  
**Store Phone Number**

Fax completed Application to 615-814-8333

Email: [Shiningstar@ckr.com](mailto:Shiningstar@ckr.com)

Questions? Contact [shiningstar@ckr.com](mailto:shiningstar@ckr.com)



# APPLICATION FOR ASSISTANCE

(APPLICATION MUST BE TYPED)

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

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Date the unforeseen event occurred: \_\_\_\_\_ Amount Requested: \_\_\_\_\_  
(max. \$2,000)

Please list out of pocket expenses incurred and how the funds will be used due to unforeseen event:

---

---

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

---

---

---

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

---

Is this person claimed as a dependent on the employee's tax returns?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

List ages and relationships of household members claimed on the applicant's tax return:

---

List all forms of income:

---

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

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

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

Health Insurance \_\_\_\_\_ Deductible: \_\_\_\_\_  
Renters/Homeowners \_\_\_\_\_ Deductible: \_\_\_\_\_  
Life Insurance \_\_\_\_\_ Deductible: \_\_\_\_\_

(Please specify Yes, No or N/A)



# APPLICATION FOR ASSISTANCE

(APPLICATION MUST BE TYPED)

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

 

Yes No

Does the applicant receive any government assistance for medical expenses such as Medicaid or county/state support?

 

Yes No

If your application is granted, 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

Please provide copies of related documentation, such as medical bills, expense receipts, police reports, and insurance claims. Documentation is required.

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

Applicant Signature

Date

RGM/DM Name

Title

RGM/DM Signature

Date