

HERSHEY ENTERTAINMENT & RESORTS EMPLOYEE SUPPORT FUND
Application for Financial Assistance

Send Completed Application to:

Attn: Employee Support Fund
Hershey Press Building
27 W. Chocolate Avenue
Hershey, PA 17033

The purpose of the Hershey Entertainment & Resorts Employee Support Fund (ESF) is to provide immediate, short-term financial assistance to eligible Hershey Entertainment & Resorts Company employees who are experiencing a financial hardship caused by an unexpected or sudden event, such as death in the eligible employee's immediate family, severe or critical illnesses or injuries, or natural disasters.

Eligibility Requirements (subject to confirmation):

- Full-Time or Part-Time Regular employee (as defined by HR policy 1.04) of Hershey Entertainment & Resorts Company who has completed 90 days employment; or
- Part-Time or Part-Time Seasonal employee of Hershey Entertainment & Resorts Company who has completed either one (1) year of continuous employment or worked at least 500 hours since most recent date of hire.

<i>Applicant Information</i>		
Employee Name:		
Address		
Telephone:	Home:	Cell:
Email:		
Employee Number:		
Department:		
Job Title:		
Work Telephone:		
Supervisor:	Name:	Telephone:
Date of Hire:		

<i>Reason for Application</i>
Please provide a statement explaining the reason you are requesting financial assistance from ESF. Please be as specific and detailed as possible. Attach pay stubs, itemized bills, estimates, or other documentation that supports this request (i.e. rent, utilities, etc.). <i>You may attach additional sheets if needed.</i>

Amount Requested:	
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Household Information			
List below the people in your household and the total monthly income that supports the household.			
First and Last Name	Relationship	Age	Current Address
Total Monthly Income: <i>Please provide recent pay stubs.</i>			

Monthly Expenses	
Please indicate your average monthly expenses. You may attach additional sheets if needed. <i>Please provide copies of invoices.</i>	
Type	Amount

By signing below I certify that all of the information that I have provided in this Application is true and correct to the best of my knowledge. Further, I authorize Hershey Entertainment & Resorts Company to provide non-medical personal information about me to the ESF, including, but not limited to, my employment status, applicable medical leave dates, applicable short-term disability benefits, and other financial related information for use solely in connection with this Application. I will assist the ESF in obtaining any other information that it may need to make its determination, and I acknowledge and understand that the ESF may choose, in its sole discretion, to make payments on my behalf directly to vendors rather than to me, if any award is made.

Applicant Signature

Applicant Name (please print)

Date

For questions concerning the status of your application please call the ESF Help Line at (717) 534-8908