



DIMES FROM THE HEART GRANT APPLICATION

ascena's emergency assistance fund—by associates, for associates

I. TELL US ABOUT YOURSELF.

Applicant name: _____ Associate ID number: _____

Hire date: _____ Full-time Part-time Brand/ascena: _____ Store #/Location: _____

Associate email address: _____ Phone Number: _____

Associate mailing address: _____

II. WHAT TYPE OF GRANT ARE YOU REQUESTING? *(check one)*

- Home Catastrophe/Natural Disaster Domestic Violence Funeral Expense
- Care of a Family Member (not self care) Emergency Travel Victim of a Crime

Briefly describe the circumstances causing the financial need and what the grant funds will be used for. Attach a separate page, if necessary.

III. HOW MUCH ARE YOU REQUESTING? *(grants are awarded between \$100 - \$1,500)*

\$ _____

All grants require supporting documentation to validate the amount being requested. This includes receipts, quotes / insurance estimates that exceed coverage, proof of deductible, etc. Please list the supporting documents you are attaching here:

IV. FINANCIAL DISCLOSURE

By signing below, I attest I have no other assets that could reasonably be used to satisfy this financial emergency. A signature from your supervisor (or HR rep) is also required. If you want the grant to be kept confidential, please speak with Katrina Bobell at Katrina.Bobell@ascenaretail.com.

Applicant Signature: _____ Date: _____

Store/District Manager or HR Verification: _____ Date: _____
(Print & Sign Name)

ascena Verification: _____ Date: _____

V. SUBMISSION

Please send this application form and all supporting documentation to Katrina Bobell, ascena Cares.

Email to: dimes@ascenaretail.com Fax to: 1 (201) 465-3012 Cell Phone: 1 (845) 521-5937

Mail to: 7 Times Square, 13th Floor, NY, NY 10036 (ATTN: Katrina Bobell, ascena retail group inc.)

