

GH Emergency Assistance Fund

Application Form

The Emergency Assistance Fund is designed to provide short-term, financial assistance to employees and retirees of Graham Holdings Company who have experienced extreme financial hardship due to a recent unexpected emergency event.

STEP 1

Review the current Emergency Assistance Fund Guidelines to understand eligibility requirements and types of emergency situations that can be considered.

STEP 2

All applicants to complete Section 1 below,

★ **Active Employees:** You will then complete section 2 and sign.

★ **Retirees:** You will then complete section 3 and sign.

STEP 3

Submit this completed application and documentation supporting your request.

Required documentation includes invoices and images to support your request, W9, and EFT-ACH forms. Please include voided check or bank form showing your account and routing numbers.

IMPORTANT PROCESSING NOTE:

To be considered for review, the application must be fully completed, and all required forms and supporting documentation must be submitted together. Incomplete applications will not be processed.

PROTECT YOUR DATA by securely submitting the application and supporting documentation:

The Fund's administrators will respect the applicant's privacy and confidentiality, consistent with the grant decision-making process. By submitting this application, you acknowledge that the Fund Administrators have the ability to verify your identity and request personal information (such as financial, benefits, and medical information, as well as receipts for related expenses) to support the grant request.

★ Email emergency.fund@ghco.com and ask for a **secure email**. You can respond to that email and attach your documents to send your information securely.

★ Employees, you may submit a hard copy of your application and supporting documents to the head of Human Resources at your business unit. You can find their information on [GHConnect](#).

SECTION 1 - All Applicants Must Complete This Section

CONTACT INFORMATION

First Name

Last Name

Home
Address

City/State

Zipcode

Phone

Email

EVENT DETAILS AND IMPACT

Please provide a brief but clear description of the recent unexpected emergency event.

How has this event directly impacted your financial situation?

What date did this event occur?

What is the specific dollar amount you are requesting?

Have you applied for other forms of assistance (e.g., insurance, FEMA, other charities) for this event? If yes, please specify the source, amount, and status of your request.

Have you previously received a grant from the Emergency Assistance Fund? If yes, please list the dates of the grants and the amount received.

SECTION 2 - Active Employees Must Complete This Section

EMPLOYER INFORMATION

Name of Employer

Date of Hire

SECTION 3 - Retirees Must Complete This Section

FORMER EMPLOYER INFORMATION

Past Employer

Name of Supervisor

Position before Retirement

Date of Hire

Date of Retirement

VERIFICATION & ATTESTATION - All Applicants Must Sign

I certify that I am an eligible employee or retiree of Graham Holdings Company, or their authorized representative, and that the information provided on this application is true and complete to the best of my knowledge. I understand that the Fund has the right to verify the information provided and that any false statements or material omissions may result in the denial of my application and disciplinary action, up to and including termination.

Signature

Date

DISCLAIMER: This program is discretionary and not an employee benefit. Assistance is not guaranteed.