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Hubble Foundation

For Families. For Safety. For Advocacy

Isaiah 1:17

Dedicated to Supporting the Families of the Fallen

**Hubble Foundation Application for Assistance**

Application Introduction

**This application is for monetary assistance as well as a request for assistance with goods or services. Please answer all of the questions on the application (do not leave anything blank). If you have any questions you can email us at** **Bridgette@hubblefoundation.org** **or call 256-506-3354 to speak to Dr. Hester directly.**

**Criteria and Eligibility – The criteria for assistance is listed as a separate PDF on the Hubble Foundation’s “Donate/Store Page” at** [**www.hubblefoundation.org**](http://www.hubblefoundation.org) **(they are also attached at the end of this application (PLEASE READ THE CRITERIA BEFORE COMPLETING THE APPLICATION).**

Monetary assistance is determined by the guidelines listed on the Criteria Form.

**Application Submittal:**

Return via mail the application, forms, letters, and all required components in one packet to:

**Hubble Foundation**

**3204 Upton Gray Place**

**Foley, AL 36535**

**You may also scan the application and any documentation and send to Bridgette@hubblefoundation.org**

**Application Components:**

* Fully completed and **legible** application
* A completed budget worksheet (attached) that gives the foundation an overall picture of the financial situation after the death / injury of your loved one.
* If employed, a copy of your latest check stub, disability check, or other documentation to verify income.
* If you have retained counsel after the death of your loved one or your technician that has been injured a number for your attorney to verify facts.
* Three references that are able to verify your situation since the death / Injury of your loved one (family, employer, friends, etc…).

**Hubble Foundation Application for Assistance**

Application

**Applicants Name: \_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**  Last First Middle

**Male □ Female □ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 City State Zip Code

**Telephone Number: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Work Home Cell

**Email Address: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Highest form of education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start/Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**References: (Please list 3 references who are not family members)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please use the space below to provide any additional information you would like Dr. Hester or Hubble Foundation to be aware of regarding the situation with finances and or needs:**

**Hubble Foundation Application for Assistance**

Application

**Previous/Current Employment since High School: (Please list in descending order)**

**Previous/Current Employer #1
Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  City State Zip Code

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Description :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment: ­\_\_\_\_\_\_\_\_\_** to \_\_\_\_\_\_\_\_\_

**Community Service and Resources that you have contacted for assistance:**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Need Addressed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Need Addressed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Need Addressed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The below is a budget worksheet that will assist us in determining your financial situation and where we can help most effectively. Please be as complete as possible!

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**\*Please include a copy of the latest check stub from your employer or a statement from any income that you are receiving (disability, SSI, Workman’s comp, a statement of child support prior to the DEATH of your loved one)\***

|  |
| --- |
| **MONTHLY INCOME** |
| *Item* | *Amount* |
| Income 1 |  |
| Income 2 |  |
| Other |  |
|  |
| **MONTHLY EXPENSES** |
| *Item* | *Amount* |
| Rent/mortgage |  |
| Electric |  |
| Gas |  |
| Cell phone |  |
| Groceries |  |
| Car payment |  |
| Auto expenses |  |
| Student loans |  |
| Credit cards |  |
| Auto Insurance |  |
| Personal care |  |
| Entertainment |  |
| Miscellaneous |  |
|  |  |

**Reference Form**Please have your references fill out this form. They may mail it to the address on page one of this application or email it to Bridgette@hubblefoundation.org

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**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Last First

**Friends/Family Reference Form**

**I recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for assistance because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Friend/Family Information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City State Zip Code

**Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Length of Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Criteria for Monetary Assistance**

**All assistance is based upon criteria as well as budgetary abilities of Hubble Foundation. In addition, the nature of what can be funded may change based upon decisions of the board & Dr. Hester as needs arise.**

**Separate funds are kept for each industry. Monies donated by those in the respective industries are used to fund the needs of THAT SPECIFIC industry. One industry’s donations and funds WILL NOT fund other industries.**

**The criteria is NOT a reflection of prejudices or judgments on the part of the Hubble Foundation, rather the criteria is a guiding tool to help the foundation best utilize the resources available to help those in the most effective manner. Any questions or concerns can be directed to Dr. Hester at 256-506-3354 or** **bridgette@hubblefoundation.org**

**Widows & Children Of Deceased Climbers**

**\*\*** We will assist fiancés of climbers and ex-wives/husbands of climbers in the event there are children involved. The person applying (fiancé’ or ex wife/husband) for any assistance must be the legal guardian and or custodian of the children of the deceased climber. \*\*

**What we can fund:**

* Academic, Trade School, and other Academic Scholarships (widows and children). If you are unsure if a program would qualify, please call Dr. Hester at 256-506-3354.
* Other child oriented activities other than college (sports, mission trips, space camp, or some other similar activity).
* Widow Assistance for school, medical, housing, daycare etc…
* Partial Expenses for Funerals
* Travel to see family as support following the death of a climber or an injured climber.
* Medical/Dental Needs as medically necessary that would have been covered by the deceased climbers’ insurance or income that is no longer able to be covered due to the lack of insurance or income.

**\*This list may be added to as new cases come to the attention of the Hubble Foundation\***

**Criteria:**

* Was the death a direct result of a workplace accident (while at work / "on the clock?”)

YES – Eligible for Funding

NO – **Possible Funding** – Depending on the nature of the death and circumstances. We understand sometimes deaths occur as a result of medical issues and accidents. This will be evaluated on a case by case basis and is dependent on budgetary restrictions. Widows and children of deceased climbers killed on the job will have priority status.

* Are you the widow or child of a climber?

YES – Eligible for Funding

NO – Ineligible for Funding

* Are you a mother of a child or father of a child with the active climber at the time of the death?

YES – Eligible for Funding

NO – **Possible Funding**. Unmarried, but sharing children would qualify one for assistance after the loss of a climber. Unmarried and/or no children with the deceased climber are not eligible unless the deceased climber was an adoptive/legal guardian.

* Is the need a direct result due to a lack of funds from the missing income of the deceased climber?

YES – Eligible for Funding

NO – Ineligible for Funding

* Initial & Renewal Scholarships: Are you currently enrolled (or still enrolled) in a college course/program, an apprenticeship program, trade school, or other program?

YES – Eligible for Funding with Enrollment Verification from institution.

NO – Ineligible for Funding

**Injured Climbers:**

***Injured climbers will need to provided medical and/or employer documentation for origination and extent of injuries.***

**What we can fund:**

* Assistance with Medical Bills for injuries sustained “on the job” (Medically Necessary – no elective procedures)
* Family Assistance for (housing, daycare etc…).
* Travel or Hotel to be near injured climber while recovering at a facility or hospital.
* Household bills (utilities, food, etc…)
* Medication

**\*This list may be added to as new cases come to the attention of the Hubble Foundation\***

**Criteria:**

* Are/were you an active climber at the time of the injury?

YES – Eligible for Funding

NO – Ineligible for Funding

* Are you the spouse of the active climber at the time of the injury?

YES – Eligible for Funding

NO – Ineligible for Funding

* Are you a mother of a child or the father of a child at the time of the injury?

YES – Eligible for Funding

NO – **Possible Funding**. Unmarried, but sharing children would qualify one for assistance in helping during the recovery of a climber. Unmarried and no children with the actively injured climber are not eligible unless the injured climber was an adoptive or legal guardian.

* Was the injury a direct result of a workplace accident (while at work / ”on the clock?”

YES – Eligible for Funding

NO – **Possible Funding** – Depending on the nature of the injury and circumstances. We understand sometimes injuries occur as a result of medical issues and accidents. This will be evaluated on a case by case basis and is dependent on budgetary restrictions.

* Was the climber under the influence or *otherwise impaired* when the accident occurred?

YES – Ineligible for Funding

NO – Eligible for Funding

* Is the need a direct result due to a lack of funds from the missing income of the injured climber?

YES – Eligible for Funding

NO – Ineligible for Funding

* Have you exhausted all funds from other organizations (Red Cross, United Way, Community Support for Utilities, Churches?

YES – Eligible for Funding

NO – Ineligible for Funding

**PARTIAL:** May receive SOME funding while Hubble Foundation helps you to seek all possible resources available to you.

**Stranded Climbers - Update**

Unfortunately, we no longer fund what is commonly referred to as “stranded climbers.” The Hubble Foundation Board in the third quarter of 2014 to discontinue the funding for this particular issue, as it is not fully aligned with the mission of the foundation. We began the foundation to advocate training and safety and most importantly to help the families of the fallen.

**NON QUALIFIED EXPENSES**

While the Widows, Children, and Families of deceased climbers is our primary focus, you can see that we will also aid active climbers. There is a fund for this, but only for the things listed above. Hubble Foundation will be **unable to assist financially** for issues that have arisen for climbers due:

* Divorce
* Relationship terminations
* Child custody issues
* Personal Income Issues
* Incarceration
* Drug Rehabilitation (we hope one day to have the funds to sponsor climbers wishing to gain and maintain sobriety, but at this time the funding is NOT available).
* Sick children or family members of climbers.

While we might be able to assist financially for certain things, please do feel free to call to inquire about assistance locating other resources. Dr. Hester is available to try and help locate other assistance in your area.