



NBGC FINANCIAL ASSISTANCE REQUEST

Please fill out completely

Requests will be reviewed by the Financial Review Committee and decisions will be made within two weeks of receiving **complete** paperwork. Additional information may be required.

Parent Name(s) _____ Phone _____

Address _____ E-mail _____

Single Parent Household Two Parent Household Split Custody Household

Family Size _____ Monthly Gross Income _____ Additional Income _____

Parent 1 Name _____

Employed (circle one) Unemployed
FT PT Not Collecting IDES / SSI / Unemployment

In School (circle one) Unemployed
FT PT Collecting IDES / SSI / Unemployment

Parent 2 Name _____

Employed (circle one) Unemployed
FT PT Not Collecting IDES / SSI / Unemployment

In School (circle one) Unemployed
FT PT Collecting IDES / SSI / Unemployment

NOT INVOLVED IN FAMILY

Youth Information

Name (s) _____ Grade (s) _____

Program(s) _____ Cost (s) _____

Family Situation Explanation (Please use other side if needed)

\$ _____ Amount of Assistance Requested I am willing to participate in the Volunteer Give Back Program

NBGC asks that all families requesting financial assistance review the qualifications for Illinois Action for Children, the state funded childcare program. Please check the status of that qualification below.

I believe I qualify and will apply or have a case pending. If not qualified, I would like to be considered for NBGC assistance.

I do not qualify for the program because _____

I applied but did not qualify because _____

Signature _____

Date _____

Last 2 paycheck stubs attached or other income support

Parent school schedule attached