



# 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