

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 completed paperwork. Additional Information may be required.

Parent Name(s) _____ Phone _____

Address _____ Email _____

Single Parent Household

Two Parent Household

Split Custody Household

Family Size _____ Monthly Gross Income _____ Additional Income _____

Parent 1 Name _____

Working (circle one)

PT

FT

Unemployed

Not Collecting IDES / SSI

In School (circle one)

PT

FT

Unemployed

Collecting IDES / SSI

Parent 2 Name _____

Working (circle one)

PT

FT

Unemployed

Not Collecting IDES / SSI

In School (circle one)

PT

FT

Unemployed

Collecting IDES / SSI

NOT INVOLVED IN FAMILY

Youth Information

Name(S) _____ Grade(s) _____

Program(s) _____ Costs(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. But would like to be considered for assistance if I am not qualified

I do not qualify for the program because _____

I applied but did not qualify because _____

Signature _____

Date _____

Last 2 paycheck stubs attached

Parent school schedule attached