

Guidelines for a Successful Application:

Who is eligible?

You are eligible if you are a single, working parent who is working at least 30 hours per week. You must be able to provide an **original**, recent pay stub (**Not a copy**). We cannot accept disability as a form of income.

Your children must be between the ages of 5 and 15. You must provide **original** birth certificates, or an official state copy of the birth certificate with a raised state seal (**Not a copy**). Birth certificates will be promptly returned if you provide a self-addressed stamped envelope.

PLEASE DO NOT SEND COPIES of your pay stub or birth certificate for your children. If we receive copies, your application will be denied and returned to you. This will delay your approval. If you do not wish to send your copy of your child's birth certificate, you can purchase an additional copy for a small fee from your city or county clerk's office.

What do you fund?

The mission of the Foundation is to enable the children of single, working parents opportunities to participate in enriching, extracurricular activities. We provide an average grant of \$200 per child in a calendar year. This amount is subject to change.

Examples of assistance:

- Tutoring;
- Organized sports fees;
- Park programs;
- School activities (field trips and class trips);
- Music, dance or voice lessons.
- Gymnastics

Please be aware that we are unable to provide assistance for daycare, uniforms, clothes, and school registration fees.

How do I apply?

Please complete an application in its entirety. Partial applications will automatically be denied. Mail complete application, original birth certificates and pay stub to: Expect A Miracle Foundation, 1881 Rose Road, Lake Zurich, IL, 60047. To process your request, we need 3 to 4 weeks lead time. If this does not give you enough time to enroll your child in a program, please consider applying at another time. We are a year-round organization.

How will I be notified?

If approved, we will notify you by phone. Checks will be made out to the organization providing the activity for your child and mailed to your home address. Please be sure to include your day and evening phone numbers and address in your application.

Expect a Miracle Application

No application will be considered for approval unless the following information is filled out completely. Remember to attach the necessary documents listed at the end of this application.

Parent or Guardian Name: _____

Address: _____

Apt No.: _____ City/State/Zip Code _____

Parent's Phone Numbers:

Daytime: _____ Evening: _____ Cell: _____

Please fill out information below:

Household Information

Names (List everyone, including parent)	Age	Birthdate (mm/dd/yyyy)	Gender	Race Ethnic Identity

Assistance Information

Name of Child for Whom Assistance is Requested (Ages 5-15 Eligible)	Name of Program/ Dates of Program/ Total Cost	Name of organization to whom check should be endorsed. <u>We will not endorse checks to individuals.</u>

Employer Information:

Parent's Place of Employment: _____

Employer Address: _____

Employer City/State/Zip Code: _____

Employer Phone: _____

Does employer have matching gift program? _____

Does employer have a charitable foundation? _____

Income:

Your information will not be used to determine eligibility or shared with other agencies so please do not leave anything out. We use this financial data to demonstrate to contributors that there is a need for our program.

Total monthly gross income of household: _____

Other forms of Assistance (please list dollar amount received monthly):

TANF _____

Foster child income _____

SSI _____

SSDI _____

Medicaid _____

Free or reduced lunch, qualify? Y ___ N _____

Child support _____

Child care assistance (from sources such as Action for Children)

_____ Worker's Compensation _____

Unemployment _____

Alimony _____

Pension _____

Please attach the following documents to this application:

- **Original** birth certificates for all children for whom you are requesting assistance. (**Not a copy**).
- **Original** and most recent pay stub, showing at least 30 hours of work per week. (**Not a copy**).
- **A short, signed statement**, typed or hand written, indicating you are a single parent. Please also briefly tell us about your family and need for assistance.
- **Mail completed application and documents to: Expect A Miracle Foundation, 1881 Rose Road, Lake Zurich, IL 60047. Questions? Call 847-545-1157.**

For Foundation Use Only: Do Not Complete This Section:

Date Application Received: _____ Date check mailed: _____

Date Approved/Denied: _____ If denied, reason: _____