

Need Based Fund

Return to: Nebraska Children and Families Foundation, Attn: Project Everlast, 215 Centennial Mall South, Suite 200, Lincoln, Nebraska 68508 - fax 402.476.9486 - email needbasedfund@nebraskachildren.org

Questions: Call your Project Everlast Youth Advisor or call 877.476.8003

Applications must be filled out by the person requesting funds. Exceptions may be made due to disability, if stated on the application. Applications will be reviewed as received. Please allow up to 15 business days for review and processing of applications if they are filled out completely. If approved, applicant may receive up to \$500 within a 12-month period. Signing up for Direct Deposit is a faster and more reliable way to receive funds. (see last page to sign up for Direct Deposit)

General Information

Amount requested \$ _____

First Name _____ Last Name _____ MI _____ Date of Birth _____ Age _____

Male Female

Social Security # _____

Address _____ City _____ State _____ Zip _____

Do you plan on moving in the next 20 days?..... Yes No

If yes, please list the address you want your check mailed to _____

Phone _____ Cell/Other _____ Email _____

Residence Information

What is your current living arrangement? check one

Foster Home - will you be aging out in the next six months? Yes No

Living on my own - did you age out or were emancipated from the Nebraska foster care system after age 16? ... Yes No

Group Home / YRTC

Biological Family - were you reunified with biological family after age 16? Yes No

Adopted / Guardianship - were you adopted or guardianshiped after age 16? Yes No

Other _____

Are you currently a ward of the State of Nebraska?..... Yes No

REQUIRED: List a professional reference who can verify your status (DHHS caseworker, Independent Living worker) or attach a letter from your current/former DHHS caseworker or Independent Living worker verifying your current/past state ward status.

Reference Name _____ Phone _____ Email _____

Financial Information

Have you received money from the Need Based Fund before?..... Yes No

If yes, when? _____

Have you applied for other funding?..... Yes No

If yes, explain from where and when _____

Are you currently employed?..... Yes No

If yes, how many hours do you work per week? _____

If no, explain _____

Are you currently enrolled in college/post-secondary education? Yes No

If yes, list any scholarships or financial aid you receive _____

Do you receive former ward benefits?..... Yes No

Current Monthly Budget (Incomplete or withheld information may lead to application being denied.)

List your current monthly income (include wages, allowance, former ward payments, financial aid, other) _____

List your current monthly expenses _____

Savings Account balance _____ Checking Account balance _____

Need Information

Describe your need in detail, including specific amounts you request. The more information you provide, the more helpful it will be for the committee to review and approve your application.

Applicant Statement

I certify all information on this application is true, complete, and accurate. I understand any information given falsely or withheld may make me ineligible for consideration or award. I understand that funds must be used for the purpose stated on this application and money received through the Need Based Fund is considered income by the IRS and must be reported for tax purposes.

Applicant Signature

Date

Are you a member of Project Everlast Council?..... Yes No

If no, would you like more information or to be contacted by the local Youth Advisor?..... Yes No

Office Use Only:

Approved _____ Paid Out _____

Budget: Chafee _____ Sherwood - Omaha _____ Sherwood - State _____ Lincoln - Keno _____

Usage: Housing _____ Bills _____ Education _____ Transportation _____ Parenting Needs _____
Clothing _____ Food _____ Health Care _____