

# New Guidelines for a Successful **EAM2** Application

**\*\*\*Please Read Before Applying\*\*\***

**APPLY EARLY! WE REQUIRE A THIRTY (30) DAY PROCESSING PERIOD PRIOR TO THE START DATE OF THE PROGRAM. NO EXCEPTIONS!** Please do not call regarding the status of your application. Please do not leave anything out of your application or it will be returned. Thank you for applying!

Who is eligible?

- **Single-working** parents with children between the ages of **five (5) and fifteen (15) years old**
- **Single-working** parents with children working a minimum of **thirty (30) hours per week**
- **Single-working** parents with children **who meet the salary requirements guidelines**

How do I apply?

Once you fill out the application completely, you can mail it into 1881 Rose Road, Lake Zurich, IL 60047 with the required original documentation. The following original documents are required:

- **Original Pay Stub that shows the number of hours worked in a week-**  
This pay stub must be from within the last month, and if it does not say the number of hours worked, a letter from your employer is needed that says how many hours you work per week. The letter must be signed and on company letterhead. Copies of online pay stubs are also acceptable. ***If you have been unemployed for less than 30 days, you are still eligible. Please provide a copy of your last paystub to prove eligibility.***
- **Original Birth Certificate-**  
This is to show that you are the child's parent and the child is between the ages of five and fifteen. We return them shortly after the application is received. If you have applied before, your birth certificate may be on file and may not need to be sent again.
- **Single Parent Letter-**  
This letter needs to be written by you and must state you are a **single** parent and it must be signed.
- **Information on the Spa-**  
You **must** send a flyer or printout with the following information: telephone number, web site, or email address where we can verify the cost and legitimacy of the spa you have chosen.

**We will not accept faxed documentation.**

[www.expectamiraclefoundation.org](http://www.expectamiraclefoundation.org)

## **What happens after I apply?**

If your application is complete, it will be reviewed. You will receive a letter stating if your application has been approved or denied. Incomplete applications will be denied.

## **SALARY REQUIREMENTS**

To better service our growing foundation, we have instituted a salary requirement. The requirements are as follows:

- \$30,000 and under – 1 child (15 years old and younger)
- \$35,000 and under – 2 children (15 years old and younger)
- \$40,000 and under – 3 children (15 years old and younger)
- \$45,000 and under – 4 children (15 years old and younger)
- \$50,000 and under – 5 children (15 years old and younger)

For example, if you make \$30,000 or under and have one child, your application will be considered. If you make over \$30,000 and have one child, you do not meet our salary requirements and your application will not be processed.

Please feel free to contact us with any further questions at [info@expectamiraclefoundation.org](mailto:info@expectamiraclefoundation.org).

## **What happens after I apply?**

We require a thirty-day processing period, and we request you do not call to check the status until after thirty days have passed. You will receive a letter in the mail letting you know if you were approved or denied.

If you submit an incorrect application, provide a copy of a document instead of the original, or if you do not qualify, everything will be sent back to you until you fix the error and we will stop processing your request.

## **How can I make the process go faster?**

We currently verify the spa you list, therefore if you include contact information, a price list, or even a website, it will make it easier for us to process your request. Please refrain from calling us within the first thirty days so we can focus our efforts on approving your application.

The Expect A Miracle Foundation is funded solely through private donations. We do not receive any funding from the government.

# Expect a Miracle2 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: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Please fill out information below:

## Household Information

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

**Name of Desired Spa:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**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: (See Salary Requirements)**

**Your information will not be used to determine eligibility or shared with other agencies so please do not leave anything out.**

Total monthly gross income of household: \_\_\_\_\_

**How did you hear about the Expect A Miracle2 Foundation?** \_\_\_\_\_

Please attach the following documents to this application:

- **Original** birth certificates for all children. **(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.
- **Spa Information:** You **must** send a flyer or printout with the following information: telephone number, web site, or email address where we can verify the cost and legitimacy of the spa you are applying for.
- **Mail completed application and documents to: Expect A Miracle Foundation, 1881 Rose Road, Lake Zurich, IL 60047.**

***THERE IS A THIRTY (30) DAY PROCESSING PERIOD. Incomplete applications will be denied.***

**For Foundation Use Only: Do Not Complete This Section:**

**Date Application Received:** \_\_\_\_\_ **Date check mailed:** \_\_\_\_\_

**Date Approved/Denied:** \_\_\_\_\_ **If denied, reason:** \_\_\_\_\_