

# New Guidelines for a Successful Application

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

## **AT THIS TIME WE ARE NOT ACCEPTING APPLICATIONS FOR SUMMER CAMP 2009 DUE TO FUNDING.**

**APPLY EARLY! WE REQUIRE A SIXTY (60) 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**

### **Eligible Programs:**

Expect-A-Miracle **will consider** application for payment for extra-curricular programs for your children with a maximum of two hundred dollars (\$200) per child per year. These programs include, but are not limited to:

Tutoring  
Organized Sports Fees  
Dance/Music lessons

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

### **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.
- **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 Program-**  
You **must** send a flyer with the following information: telephone number, web site, or email address where we can verify the cost and legitimacy of the program you are applying for.

**We will not accept faxed documentation.**

## **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

\$35,000 and under – 2 children

\$40,000 and under – 3 children

\$45,000 and under – 4 children

\$50,000 and under – 5 children

For example, if you make \$30,000 or under and have one child, your application will be considered. If you make \$35,000 or under and have one child, your application will be denied.

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

**Due to funding, we will only assist up to ten (10) children per program.**

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

# 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** (AT THIS TIME WE ARE NOT ACCEPTING APPLICATIONS FOR SUMMER CAMP 2009 DUE TO FUNDING.)

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: (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 Miracle Foundation?** \_\_\_\_\_  
\_\_\_\_\_.

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.**

*THERE IS A SIXTY (60) 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:** \_\_\_\_\_