

# Need Based Fund

**Return to:** Nebraska Children and Families Foundation, Attn: Project Everlast, 7101 Mercy Rd., Suite 106, Omaha, NE, 68106  
Email [gfulkerson@nebraskachildren.org](mailto:gfulkerson@nebraskachildren.org)

**Questions:** Call Glenda Fulkerson at 402.384.4670

*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 (as long as proof of purchase requirements are met).*

## General Information

Amount requested \$ \_\_\_\_\_ **Note that you will be required to prove that you spent the money the way you say you will (e.g. by giving Project Everlast a purchase receipt)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Male  Female  Trans\*/Transgender  Other: \_\_\_\_\_  
Social Security # \_\_\_\_\_

Black/African American  Hispanic/Latino  Native Hawaiian/Other Pacific Islander  Native American/Alaskan Native  
→ Are you part of a federally recognized tribe? \_\_\_\_\_

White/Caucasian  Asia  Other: \_\_\_\_\_  Prefer not to specify **Y or N**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email \_\_\_\_\_

If approved, how would you like to receive the grant?.....  Direct Deposit  Check  
If you'd like direct deposit, please fill out the attached Direct Deposit Agreement Form completely, with a voided check attached.  
If you'd like a check mailed to you, please list the address we should send it to (if different from above): \_\_\_\_\_  
\_\_\_\_\_

## Background Information

What is your current living situation? (e.g. with relatives, a friend, on your own, homeless, etc.) \_\_\_\_\_

Are you currently a state ward or in foster care?.....  Yes  No  
If not, how old were you when your case was closed? \_\_\_\_\_

List a professional reference who can verify that you were a state ward (DHHS/NFC caseworker, Independent Living worker).

Reference Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Financial Information

Are you getting assistance from other programs or resources?.....  Yes  No  
If yes, explain from where: \_\_\_\_\_  
\_\_\_\_\_

Are you currently employed?.....  Yes  No  
If yes, how many hours do you work per week? \_\_\_\_\_  
If no, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently enrolled in school (e.g. GED, high school, college, voc rehab, etc.)?.....  Yes  No  
If yes, list any scholarships or financial aid you receive: \_\_\_\_\_

**Current Monthly Budget**

List your current monthly income (include wages, allowance, 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. **Incomplete or vague information may lead to application being denied.**

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**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 that I will be required to submit proof of purchase. I also understand that 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 a 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 Date:** \_\_\_\_\_

**Budget:**   Chafee \_\_\_\_\_      Sherwood - Omaha \_\_\_\_\_      Sherwood - State \_\_\_\_\_

**Usage:**   Housing \_\_\_\_\_      Bills \_\_\_\_\_      Education \_\_\_\_\_      Transportation \_\_\_\_\_      Parenting Needs \_\_\_\_\_  
**Clothing** \_\_\_\_\_      Food \_\_\_\_\_      Health Care \_\_\_\_\_