

# CYI Support Services Fund

**Return to:** Project Everlast,  
7101 Mercy Rd., Suite 106, Omaha, NE, 68106  
or Email [gfulkerson@nebraskachildren.org](mailto:gfulkerson@nebraskachildren.org)

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. **Questions:** Call Glenda Fulkerson at 402.384.4670

## General Information

Total Amount Requesting \$ \_\_\_\_\_

Please remember you will be required to prove that you spent the money the way you requested - this will be done by providing a receipt to Project Everlast. Fill this form out to the best of your ability and knowledge before turning it in to Glenda Fulkerson.

First & Last Name: *(please print)* \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**If approved, please write down the address we should mail it below:**

Same address as above? YES or NO \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

## Gender

Male  Female  Trans/Transgender  Another gender: \_\_\_\_\_  Prefer not to say

## Race: Please check all that apply

Black/African American  Hispanic/Latino  White/Caucasian  Asian  Prefer not to say

Native Hawaiian/Other Pacific Islander  Native American/Alaskan Native  Other \_\_\_\_\_

## Background Information

### Are you pregnant or expecting a child? (check ONE)

Neither expecting a child or parenting  Expecting a child

Both expecting a child and parenting  Parenting  Prefer not to say

### What is your current living situation?

Family  Friends  Relatives  On own  Foster home  Homeless  Other \_\_\_\_\_

Is this living situation one you will remain in for at least 6 months? YES or NO \_\_\_\_\_

If not, please explain why: \_\_\_\_\_

## Financial Information

Are you getting assistance from other programs or resources in the metro area? YES or NO \_\_\_\_\_

If yes, please explain where: \_\_\_\_\_

Are you currently employed? YES or NO \_\_\_\_\_

If yes, where are you working? \_\_\_\_\_

How many hours do you work in one week? \_\_\_\_\_

If not, when were you last employed? \_\_\_\_\_

How long did you work at your last job? \_\_\_\_\_

Are you currently enrolled in school? (GED, high school, college, etc.) YES or NO \_\_\_\_\_

If yes, what school are you attending? \_\_\_\_\_

**Current Monthly Budget**

**FIXED EXPENSES**

Rent \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Internet \_\_\_\_\_  
 Car Payment/Lease \_\_\_\_\_  
 Gasoline/Bus Tickets \_\_\_\_\_  
 Car Insurance \_\_\_\_\_  
 Child Care \_\_\_\_\_  
 Groceries \_\_\_\_\_

Total Monthly Income: \$ \_\_\_\_\_  
 Total Monthly Expenses: \$ \_\_\_\_\_  
 Money left over each month: \$ \_\_\_\_\_

**Applicant Statement**

Please describe your need in detail, including specific amount you request, sustainability plan, and why you are unable to meet this need. In the sustainability plan include how you plan to manage this need in the future. The more information you provide, the more helpful it will be for the committee to review and approve your application.

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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**

**Office Use Only:**

Approved  Yes  No    Date Approved: \_\_\_\_\_    Date Paid: \_\_\_\_\_    Amount Paid: \_\_\_\_\_    Funding Budget: \_\_\_\_\_

Housing     Utility Bills     Employment     Education     Health Care     Transportation     Parenting Needs     Other: \_\_\_\_\_