



The Elmhurst Children's Assistance Foundation
P.O. Box 291, Elmhurst, IL 60126
(630)415-0735
www.ecaf4kids.org :: ecaf@ecaf4kids.org

Providing assistance to families with children affected by disabling or life-threatening conditions.

Instructions: Please print this web page, complete form as required, and submit it to the above address.

GRANT APPLICATION

(No application will be considered unless all requested information is given. Please write legibly or print)

Date of Application _____

Please complete the information below to help us to evaluate your request.

1. Name (person completing form): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone:_(____)_____ E-mail: _____

Present Occupation: _____ How Long? _____

2. Name of family member to receive financial assistance, age, and medical condition:

3. For what purpose are you requesting funds (Use additional paper if necessary.)

4. Amount of funds requested? _____

5. Have you received, or are now receiving any financial assistance from any other agency on behalf of the applicant (this may include: labor organizations, lodges, social clubs, governmental agency, charitable organizations)? If so, give details.

6. List medical bills, amount owed, to whom, and amount not covered by insurance. (Use additional paper if necessary.)

7. From whom did you learn about ECAF?

- Newspaper
- Website
- ECAF Director
- School Social Worker
- Other, be specific:

Please include the following with your application:

- Proof of residency or employment in Elmhurst *
- Most recent tax form or W-2 Form *
- Net Worth Form (last page of application) *
- A letter from a medical professional confirming the medical condition of the applicant *
- Documentation substantiating the dollar amount of your request (required for all applications)

PLEASE NOTE: Any bills submitted must list the applicant and/or the applicant’s parent(s) as the responsible payer. In the event that an application is approved, ECAF may make certain payments on behalf of the applicant family but the applicant family still bears the ultimate financial responsibility. ECAF is not to be billed directly or listed as responsible payer on any accounts.

* Not needed if information is unchanged from an initial application to ECAF within preceding 2 years.

Statement by applicant: I certify that the information provided to The Elmhurst Children’s Assistance Foundation in this application for assistance is true. I understand that false information will negate my request for funds. I understand that the decision to grant assistance is at the sole discretion of the Board of Directors.

Signature of Applicant: _____ Date: _____

NET WORTH WORKSHEET

ASSETS	VALUE
PERSONAL POSSESSIONS	
Car(s)	
Home Value	
SAVINGS AND INVESTMENTS	
Bank Accounts	
Life Insurance	
Cash Value	
Stocks/Bonds/Mutual Funds/CDs (total value)	
Retirement Savings, 401K's, IRA's, (total value)	
TOTAL ASSETS	

LIABILITIES	BALANCE
PERSONAL DEBTS	
Home Loan	
Car Loan	
CREDIT CARD & PERSONAL LOANS	
Visa	
Master Card	
American Express	
Other Credit Card	
Personal Loans	
Unpaid Bills	
Income Tax Owed	
Other Debt	
INVESTMENT DEBT	
Business Loan	
Investment Loan	
401K Loan	
Life Insurance Loan	
Other Loans	
TOTAL LIABILITIES	
TOTAL NET WORTH (ASSETS MINUS LIABILITIES)	