## **Fee Waiver Application**

## **Opening Minds**

#### **Financial Assessment Sheet**

Please attempt to answer all questions on this form. While we realize that many are personal in nature, the more specific you can be, the easier it will be for us to evaluate your situation. As stewards of Opening Minds charitable resources, we are concerned with your needs.

Name:		Date:	
Home Address:			
Home Phone:		Cell Phone:	
Present Employer:			
Employer Address:	-	Employer Phone:	
Names and ages of dependents:			
Amount/assistance requested: \$			
Purpose:			
Relevant modical information:			

Please fill in all information that applies to you. Write N/A if it does not apply.

Gross Monthly Income	
Source	Amount
Employment Income	
Overtime Bonus, Commission	
Social Assistance (SNAP, etc)	
Rental Income	
Other (Alimony, Child Support, etc.)	

# **Monthly Expenses**

(Please be as specific as possible)

Туре	Owed to	<b>Monthly Amount</b>	Remaining
			<b>Amount Owed</b>

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### **Assets**

Туре		Value	
Please list any other financial info	rmation you would like	o be considered.	
			<del></del>
I(print you correct.	ur name) attest that the	information provided	d in this application is
(Signate	ure) _	(I	Date)
Please mail or fax this application			
Opening Minds 30 East Adams, Suite 1000 Chicago, IL 60603 FAX: 312.427.5028			
FOR INTERNAL USE ONLY:			

Recommendation: Comments: