

**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 medical information:



**Assets**

| Type |  | Value |
|------|--|-------|
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Please list any other financial information you would like to be considered.

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I \_\_\_\_\_ (print your name) attest that the information provided in this application is correct.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

Please mail or fax this application to:

Opening Minds  
30 East Adams, Suite 1000  
Chicago, IL 60603  
FAX: 312.427.5028

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**FOR INTERNAL USE ONLY:**

Recommendation:

Comments: