



Lake County's Community Foundation

JAMES F. VAN SENUS MEMORIAL FUND

Application for Financial Assistance to Assist Widows, Widowers, and their Children

Important Notes and Qualifications regarding Funds:

- Custodial parent must live in Lake County, Indiana and have experienced the loss of a spouse within the preceding 24 months of application
- **Financial assistance for dependent children under the age of 18 may be used to fund:**
 - Short term day care provided by a state licensed day care provider
 - Tuition for extra-curricular activities by a qualified organization
 - Summer programs provided by a qualified organization
 - Equipment or supplies needed for extra-curricular or summer programs
 - Bereavement programs offered by qualified and/or licensed providers
- **Financial assistance for widows or widowers may be used to fund:**
 - Assistance for educational expenses for the individual after he/she has met the initial 30 hours towards a degree program at a qualified trade/vocational school or a 2 or 4 year educational institution
 - Mortgage payments at a qualified financial institution
 - Cost of insurance (medical, home, or auto)
- Each application will be reviewed by Legacy Staff to ensure that the application is complete and valid. Invalid applications will be discarded.
- Applicants should submit their request for financial assistance at least 60 days prior to the date the funds are needed.
- Your application must include (1) **a copy of the death certificate**; (2) **a copy of the dependent's birth certificate**; and (3) **a copy of your most recent IRS Form 1040/1040EZ** which shows the legal dependent status of the applicant (if applying for dependent assistance). We will protect the confidentiality of each of these items – they are needed solely to show us that you are a widow or widower with dependent children.
- Documentation of use of funds may be required. If it is learned that funds were used for something other than intended Legacy Foundation reserves the right to demand repayment in full.
- The maximum amount of a grant application request is contingent upon the spendable balance in the fund. Typical grants may range from \$250-\$2,000.
- All applications will be considered, but due to limited financial resources, cannot be guaranteed.



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Name of Person Submitting Application: _____

Address: _____

Phone: _____ Email Address: _____

Name of deceased: _____ Relationship: _____ Husband _____ Wife

Date of death: _____ Monthly family income, before taxes: \$ _____
Should include current income from salary, monthly SSI death benefits, etc.

Please describe your current situation and reason for request: _____

Type of Assistance for which funds are requested: _____

Total Amount of Program: \$ _____ Grant Amount Requested: \$ _____

Are you currently receiving benefits or financial aid from any other programs? If yes, please list the sources:

Vendor/Provider Information

Important: Payment will only be made to the organization providing the service.

Company name of vendor providing service: _____

Contact Name: _____

Business Address: _____

Mailing Address: _____

Checks will be sent directly to this address. Please ensure it is accurate.

Business Phone: _____ Other Phone: _____

Email address: _____ Website: _____

Does this vendor provide the service from their home? Yes No

Start date of activity: _____ End date of activity: _____

IMPORTANT: Please include any and all brochures, business cards, specific pricing information, etc. that pertains to the activity that the grant is being requested for. Without proper supporting documentation, the applicant's request may not be granted.

Other Information

How did you hear about this grant? _____

What other information would you like us to consider when reviewing this application? _____

Letter of Agreement

If your application is approved for financial assistance, you must agree to the following terms:

- All funds will be utilized exclusively for the expenditures set forth in the financial assistance application;
- The parent of the dependent child will ensure that the service provider will return all remaining funds if the monies are not utilized exclusively for the expenditures set forth in the application unless written approval is given by Legacy Foundation

Legacy Foundation does not discriminate on the basis of race, color, religion, gender, sexual preference, national origin, ancestry, age, disability, or veteran status.

I declare under penalty of perjury that the foregoing information is accurate and correct to the best of my knowledge.

Dated: _____

Printed Name of Applicant

Signature of Applicant

Instructions for Application:

Please send the completed, signed and dated application, with all referenced attachments to:

Legacy Foundation
370 E. 84th Drive, Suite 100
Merrillville, IN 46410
Phone: 219-736-1880
Fax: 219-736-1910

Remember, you must submit your application at least 60 days prior to the date needed so that Legacy Foundation has adequate time to consider your application. Legacy Foundation works hard to grant as many requests as we can, but we are unable to fulfill every grant request. You will be notified by phone or by email if your application is approved.