



ST. CHARLES COUNTRY CLUB FOUNDATION, INC

Confidential Financial Assistance Application

The Foundation is committed to helping community members facing hardship. All applications are handled confidentially and reviewed by a small committee.

SECTION 1 – Applicant Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address: _____

City/State/ZIP: _____

Are you an employee of St. Charles Country Club? ☐ Yes ☐ No

If no, are you being referred by someone affiliated With St. Charles Country Club?

☐ Yes ☐ No — If yes, please provide their name and relationship:

SECTION 2 – Nature of Need

Type of Assistance Requested (check all that apply):

- ☐ Rent or housing
- ☐ Utility assistance
- ☐ Medical expenses
- ☐ Funeral/bereavement
- ☐ Food/groceries
- ☐ Emergency transportation
- ☐ Other (please specify): _____

Briefly describe your current situation and the reason for your request:

(Attach additional pages if needed)

What specific amount are you requesting? \$ _____

How will the funds be used? _____

SECTION 3 – Household & Income Overview

Number of people in your household: _____

Are dependents involved? ☐ Yes ☐ No

If yes, please list their names and ages: _____

Monthly Household Income: \$ _____

Employer (if applicable): _____

Other Sources of Income: ☐ None

- ☐ Unemployment
- ☐ Social Security
- ☐ Disability
- ☐ Child Support
- ☐ Other: _____

SECTION 4 – Supporting Documentation

Please check all that you are able to provide (if requested):

- ☐ Proof of residency (utility bill, lease, etc.)
 - ☐ Recent pay stub or income verification
 - ☐ Bill or invoice related to your request
 - ☐ Referral letter or note from sponsor (not a family member)
 - ☐ Photo ID
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SECTION 5 – Authorization & Signature

I affirm that all the information provided by me in connection with this Confidential Financial Assistance Application is true and complete to the best of my knowledge and that such information is subject to the term of the Foundation's Privacy as may be in effect from time to time. I authorize the Foundation to contact me for further information and to verify the details provided by me. I understand that submission of this application does not guarantee assistance.

Signature: _____

Date: _____

Submit To:

By e-mail to: info@stccc.foundation

Deliver in person or by mail to:

St. Charles Country Club
1250 Country Club Road, St. Charles, IL 60174