Glendale Heights Foundation

Application for Assistance

Your Name (print): _____

Your Address: _____ Glendale Heights, IL

Your Phone Number: _____ Email Address: _____

The Foundation may provide one-time assistance to residents in need. Please describe your emergency and what financial assistance you're requesting.

NOTE: please include an explanation as to why you are unable to handle the expense on your own (if on State assistance, attach copy of Medicaid, Unemployment, Supplemental Nutrition Assistance Program (SNAP) Link Card, or other assistance documentation). If you have an overdue bill, attach a copy.

If you need more space, attach an additional sheet or write on the back of this application.

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Signature and date: _____ _____

Mail to: Glendale Heights Foundation, PO Box 5280, Glendale Heights, IL 60139

Call 630-668-9409 with questions

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