



## **Jenkintown Day Nursery Foundation Chauveau Fund**

### **Guidelines and Application**

This fund provides assistance for families facing financial difficulties due to illness or other significant medical concerns.

The Chauveau Trust was created through a bequest from Jeanne Chauveau. In her will, she expressed her wish to help families who find themselves in financial need due to illness. Grants from the fund are distributed by the Jenkintown Day Nursery Foundation. Payments are made directly to a non-profit child care facility, not to individuals.

Generally grants range from \$250 to \$2,500.

To receive a grant from the fund, you will need to provide:

1. A short narrative (maximum 2 pages) about your family, your financial circumstances, the medical concerns you're facing, the costs of medical care and the impact of these costs on your finances and daily lives. Be sure to include information about how many family members are living in your home and give their ages.
2. Documentation of your medical issues & costs (doctor's note or bills, hospital bills, medical treatment plan and costs not covered by insurance, etc.)
3. Income documentation (two recent pay stubs for each employed household member and a copy of your federal income tax forms).  
\*\*These documents aren't needed if you recently supplied them in applying for a scholarship from JDNF and there are no changes.
4. Mail or email your application to:

Jenkintown Day Nursery Foundation  
P.O. Box 2424  
Jenkintown, PA 19046  
jenkintowndaynurseryfoundation@gmail.com

**Jenkintown Day Nursery Foundation**  
**Application for Assistance from the Chauveau Fund**

Name of Applicant(s):

Address:

Employer(s):

Child care center(s) your children attend:

Your children and their ages:

Other household members:

Are you receiving a preschool scholarship from JDNF for your child? (Circle) Yes No

Annual household income (indicate here, and attach documentation):

Do you own your home?

Do you own a car or cars? Indicate make, model and year

Car 1.

Car 2.

Briefly describe how your medical concerns are creating financial difficulties for you and your family (summarize briefly what is detailed in your narrative)

Please briefly explain to what extent your medical costs are covered / not covered by insurance.

Please briefly note here any other information you feel we need to know to understand your circumstances – or else include it in your attached narrative.

Please attach your narrative about your circumstances.

Signature\_\_\_\_\_ Date\_\_\_\_\_