



# NABO YOUTH AID FUND

Mail to:  
**Grace Mainvil**  
**NABO Treasurer**  
**705 Nicklaus Lane**  
**Eagle, ID 83616**



CONTEXT: When it is possible, money should not be the only reason why young people cannot participate in NABO youth events. That is why NABO has set up this fund with appropriated funds and donations that have been made. This fund is named in honor of Aita Martxel Tillous, our last Basque-American chaplain of the last 14 years, for his ceaseless work among us.

APPLICATION ELIGIBILITY. This is a need-based fund, and recipients will be determined purely by the numbers. Thus a copy of last year's Federal tax form is required. Only one person NABO Treasurer Grace Mainvil, will know the identity of the applicant and she will not be sharing this information to preserve people's privacy. A committee of people will then go over the anonymous applications and results will be made available to you personally via email.

### A. Parent, Guardian or Other Adult responsible for tuition/expenses

Check one:  Father  Mother  Other adult

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_ Contact Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Employed by: \_\_\_\_\_ How long: \_\_\_\_\_  
 Self Employed

### B. Household information

1. Number of individuals who reside in my/our household this year?  
 Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_ If Other, please explain relationship to Parent:

2. Current marital status/housing arrangement of Parent/Guardian A:  
 Single, never married  Married  Widowed  Divorced  
 Remarried  Separated  Residing with Significant Other  Other

If divorced, remarried, separated or single, what is the date of separation or divorce: \_\_\_\_\_

3. Who claimed student as a tax dependent last year?

### C. Copy of last year's Federal Tax form

This is being requested because it is the most direct way of establishing need. Once again, these details will not be divulged; only one person will know your identity.

**D. Requested assistance**

1. Which program(s) are you applying for support with:

Udaleku     Gaztealde     Xiberua Exchange     Ikaspilota     Euskal Herria summer tour

2. How much total financial aid is being requested: \$ \_\_\_\_\_

**E. Unusual circumstances**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Loss of job             | <input type="checkbox"/> Recent separation/divorce | <input type="checkbox"/> Change in family living status |
| <input type="checkbox"/> Change in work status   | <input type="checkbox"/> Bankruptcy                | <input type="checkbox"/> College expenses               |
| <input type="checkbox"/> Income reduction        | <input type="checkbox"/> Illness or injury         | <input type="checkbox"/> Death in the family            |
| <input type="checkbox"/> Shared custody          | <input type="checkbox"/> High debt                 | <input type="checkbox"/> Child support reduction        |
| <input type="checkbox"/> Medical/Dental expenses | <input type="checkbox"/> Shared tuition            | <input type="checkbox"/> Other. Please explain briefly. |

**F. Basque background essay.** In a few sentences, could you please tell us about the child's involvement in Basque activities so we have some personal context?