

FINANCIAL ASSISTANCE APPLICATION

Application Date: _____

Please complete this application in full. This application will be kept on file for a one-year period. This application does not confirm participation in the program(s). This application is for the sole purpose of financial assistance approval.

Name of Parent/Guardian: _____

Address: _____
(Street) (City) (Zip Code)

Best Day Phone: _____ Additional Phone: _____

Email Address: _____

| Participant(s) Name: | Birth Date(s) |
|----------------------|---------------|
| 1. | |
| 2. | |
| 3. | |

I hereby request financial assistance for:

| Program Name | Session Dates | Program Cost | Amount You Can Pay <i>(payment plans available)</i> |
|--------------|---------------|--------------|--|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

Total Income: <\$30,000 \$30,000 - \$60,000 \$60,000 - \$90,000
 \$90,000-\$120,000 > \$120,000

Number of dependents in household: 1 2 3 4+

Specify any public aid you are receiving. *(School name only required if receiving subsidized school lunch program.)*

SNAP Program Subsidized school lunch program Subsidized housing None

Other: _____

School Name: _____ Phone Number: _____

Please provide reason(s) for financial assistance: Medical Reasons Unplanned Circumstances

Other:



Lake County Forest Preserves

General Offices
1899 West Winchester Road
Libertyville, Illinois 60048
847-367-6640 • Fax: 847-367-6649
www.LCFPD.org

I understand that the information I give to the Lake County Forest Preserves on this form will be kept confidential, to the extent allowed by law. I understand the information I provide on this sheet will be evaluated to determine whether I qualify for financial assistance.

I understand that all awarding of money will be determined by need and the availability of funds. I will be notified by phone at the earliest possible date as to the decision of the Lake County Forest Preserves registrar about my request for financial assistance.

I will make the Lake County Forest Preserves aware of any change of financial status that occurs.

I have answered all the questions honestly and to the best of my knowledge. All the information I have provided is true, correct and complete.

Signature

Date

Please return completed and signed application.

OFFICE USE ONLY

Points Earned: _____

Amount awarded: \$ _____

Approved by: _____

Date awarded: ___ / ___ / ___

Confirmation made ___ / ___ / ___

Enrolled ___ / ___ / ___

Balance received ___ / ___ / ___