

# FINANCIAL ASSISTANCE

Partial scholarships are available in the case of financial hardship. To apply, complete this form in full. The application will be kept on file for one year. This application does not confirm participation in the program(s). It is for financial assistance approval only. Complete form and mail to **Lake County Forest Preserves, ATTN: Registrar-Confidential, 1899 W. Winchester Road, Libertyville, Illinois 60048.**

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Day phone \_\_\_\_\_

E-mail \_\_\_\_\_

*I hereby request financial assistance for:*

**Child's name** \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Camp name \_\_\_\_\_

Session number \_\_\_\_\_ Camp cost \$ \_\_\_\_\_

Amount I can pay \$ \_\_\_\_\_

**Child's name** \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Camp name \_\_\_\_\_

Session number \_\_\_\_\_ Camp cost \$ \_\_\_\_\_

Amount I can pay \$ \_\_\_\_\_

Number of dependents in household \_\_\_\_\_

Please specify any public aid you are receiving:

- Food stamps    Subsidized school lunch program\*    Subsidized housing  
 Other    None

*School information needed only if receiving subsidized school lunch program:*

\*School name \_\_\_\_\_ \*Phone number \_\_\_\_\_

Please state other factors you wish considered \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that information given to the Lake County Forest Preserves is not a matter of public record and will be kept confidential. I understand that 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, and I understand that I may be requested to complete another form at a later date.

I have answered all questions honestly and to the best of my knowledge. All the information I have provided is true, correct and complete, and I authorize the Lake County Forest Preserves to conduct reference checks for the sole purpose of verifying information.

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

PLEASE RETURN COMPLETED AND SIGNED APPLICATION WITH REGISTRATION INFORMATION.