LAKE COUNTY FOREST PRESERVES www.LCFPD.org



Preservation, Restoration, Education and Recreation

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: _		Addi	Additional Phone:				
Email Address: _							
	Participant(s) Name:		Birth Date(s)				
1.							
2.							
3.							

I hereby request financial assistance for:

Program Name		Session Da	ates Program	LOSET	Amount You Can Pay (payment plans available)		
			\$	\$			
			\$	\$			
			\$	\$			
Total Income:	<\$30,000	\$30,000 - \$60,000 \$60,00			60,000 - \$90,000		
	\$90,000-\$120,000	> \$120,00	0				
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		Subsidize	ed housing	None		
Other:							
School Name:	Phone Number:						
Please provide reason(s) for financial assistance: Other:		Medical Rea	Medical Reasons		Unplanned Circumstances		

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

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 and authorizes the Lake County Forest Preserves to conduct reference checks for the sole purpose of verifying information.

Signature

Date

Please return completed and signed application.

OFFICE USE ONLY						
Points Earned:						
Amount awarded: <u></u>						
Approved by:						
Date awarded:	//					
Confirmation made	//					
Enrolled	//					
Balance received	//					