



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: \_\_\_\_\_ 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 (payment plans available)
		\$	\$
		\$	\$
		\$	\$

**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:

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 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.

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Signature

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Date

**Please return completed and signed application.**

<b>OFFICE USE ONLY</b>	
Points Earned:	_____
Amount awarded: \$	_____
Approved by:	_____
Date awarded:	___ / ___ / ___
<input type="checkbox"/> Confirmation made	___ / ___ / ___
<input type="checkbox"/> Enrolled	___ / ___ / ___
<input type="checkbox"/> Balance received	___ / ___ / ___