

New Lenox Community Park District

Financial Aid Application

Please complete this form attaching the required documentation.

Financial aid is granted in amounts ranging from 15% to 50% off the cost of the activity fees of the programs requested. Financial aid is available only for programming and health and leisure activities offered by and through the New Lenox Park District. Financial aid does not exceed \$1000 for a family in a twelve month period of time. The Park District considers all requests and takes into consideration current circumstances.

General Information (Please note that all information is held in strict confidence.)

Name: _____ Home phone: _____

Address: _____ Work phone: _____

How long have you lived at this address? _____ Cell phone: _____

Email Address: _____

Is there another person or agency, other than a spouse, financially contributing to your housing, utilities or support?

Circle one: YES NO

Martial status: ___ Single ___ Married ___ Widowed ___ Divorced ___ Other

Spouse's name: _____

Total number of people residing in your household: _____

Employer's name: _____ Phone: _____

Employer's address: _____

Financial Information

Attach a copy of each of the following documents: _____ Most Recent Federal Tax Return _____ DL/State ID
_____ Current Pay Stub _____ All Current Utility Bills _____ Current Medicaid or Social Security _____ Mortgage or Rent Receipt
_____ Any Additional Monthly Bills (Car Payment, Insurance, Loans, etc.)

List payroll and private business earnings last year: \$ _____

List all additional incomes received last year:

Child support \$ _____

Alimony \$ _____

Rental property \$ _____

Retirement pensions \$ _____

Annuities/Interest, etc. \$ _____

Total income received last year: \$ _____

Total current monthly income (combine all incomes): \$ _____

Please list all sources and amounts of additional financial aid (Welfare, Link Card, Medicare, United Way, etc.)

_____ \$ _____

_____ \$ _____

What amount are you able to contribute toward your programming fee(s): \$ _____ (monthly)

I affirm that all of the information I have supplied is truthful and accurate. I also understand that should this information be falsified in any way I assume full responsibility to reimburse the New Lenox Community Park District in full for any financial aid received as a result of this application.

Signature _____

Date _____

Family Member Information
 (List all family members who are living in your household.)

1. Name: _____ F M Birthdate: _____
2. Name: _____ F M Birthdate: _____
3. Name: _____ F M Birthdate: _____
4. Name: _____ F M Birthdate: _____
5. Name: _____ F M Birthdate: _____
6. Name: _____ F M Birthdate: _____

Programming Request Information
 (List program and Activity ID Numbers requested for scholarship.)

<u>Participant</u>	<u>Activity</u>	<u>Activity Number</u>	<u>Fee</u>

Office Use Only

Date Approved: _____

Total Financial Aid Approved: _____

Percentage Amount per Program: _____

Activity Breakdown:	Activity Number	PF \$	MF \$	UF \$
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____