

## New Lenox Community Park District Financial Aid Application

Financial aid is only available for certain programs offered through the New Lenox Community Park District. All required documentation must be submitted with the completed application two weeks prior to the start of the program. Please note that the maximum household scholarship benefit is \$1,000 per year. If you have any questions, contact Olga Viano, Deputy Director of Recreation at [oviano@newlenoxparks.org](mailto:oviano@newlenoxparks.org) or 815.485.3584

Name of Applicant: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_

Is there another person or agency, other than a spouse, financially contributing to your housing, utilities or support?  
Circle one: YES NO

### 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 Park District programming: \$ \_\_\_\_\_ (monthly)

I affirm that all 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 because of this application.

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

## Family Member Information

**\*List all family members (Adults and Children) 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 Numbers requested for scholarship.)

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

Any Additional Notes from Applicant:

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### Office Use Only

**Date Approved:** \_\_\_\_\_

**Total Financial Aid Approved:** \_\_\_\_\_

**Percentage Amount per Program:** \_\_\_\_\_

<b>Activity Breakdown:</b>	<u>Activity Number</u>	<u>PF \$</u>	<u>MF \$</u>	<u>UF \$</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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