

General Offices 1899 West Winchester Road Libertyville, Illinois 60048 847-367-6640 • Fax: 847-367-6649 www.LCFPD.org

FINANCIAL ASSISTANCE APPLICATION

Application Date: Please complete this application in full. 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: Amount You Can Pay Program Name Session Dates **Program Cost** (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.) Subsidized school lunch program SNAP Program Subsidized housing None School Name: _____ Phone Number: _____ Please provide reason(s) for financial assistance: Medical Reasons **Unplanned Circumstances** Other:



General Offices 1899 West Winchester Road Libertyville, Illinois 60048 847-367-6640 • Fax: 847-367-6649 www.LCFPD.org

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.

Signature Date	I have answered all the questions honestly and provided is true, correct and complete.	d to the best of my knowledge.	All the information I have
	Signature	 Date	

Please return completed and signed application to:

Lake County Forest Preserves General Offices 1899 West Winchester Road Libertyville, IL 60048 Or email as attachment to: forms@LCFPD.org

OFFICE USE ONLY		
Points Earned:		
Amount awarded: \$		
Approved by:		
Date awarded:	//	
∵ Confirmation made	//	
☐ Enrolled	//	
☐ Balance received	//	