



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.

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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	___ / ___ / ___