



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 <i>(payment plans available)</i>
		\$	\$
		\$	\$
		\$	\$

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.

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.

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:	___ / ___ / ___
<input type="checkbox"/> Confirmation made	___ / ___ / ___
<input type="checkbox"/> Enrolled	___ / ___ / ___
<input type="checkbox"/> Balance received	___ / ___ / ___