



2010 Financial Aid Application

Attach last year's income tax returns (W-2's & Internal Revenue Service Form 1040, 1040A, or 1040EZ) and two pay stubs, or any other income documentation per the Financial Aid Guidelines to this form and return it to the Park District Administration Office located at 1122 S. Burchard Avenue. All information is confidential. Financial Aid will be awarded based upon the Applicant's available information, criteria established and funds available. Thank you.

Applicant Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____

Marital Status: Single Married

Please list all family members, including you, living in household:

	LAST NAME	FIRST NAME	RELATION	DATE OF BIRTH
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Are you or anyone else in your household currently employed? YES NO

What is your annual gross household income? _____

Do you receive Public Assistance? YES NO

If yes, please fill in the following chart:

AGENCY	CONTACT PERSON	CONTACT PHONE #	YEARLY AMOUNT

Please check which recreation services you are applying for financial aid:
 _____ Individual Youth Season Pass to the Read Park Family Aquatic Center
 _____ Family Season Pass to the Read Park Family Aquatic Center
 _____ Youth Recreation Program(s)

If requesting assistance for a Season Pass to the Read Park Family Aquatic Center, please fill in the chart below with the names of the pass holder(s):

	LAST NAME	FIRST NAME	APPROVED (Staff use only)
1			
2			
3			
4			
5			
6			
7			
8			

If requesting assistance for a youth recreation program(s), please fill in the chart below with the names of the participant(s):

	LAST NAME	FIRST NAME	PROGRAM NAME	PROGRAM ID#	APPROVED (Staff use only)
1					
2					
3					
4					
5					
6					
7					
8					

Applicant hereby waives any claim to any right of privacy concerning the information herein provided. Further, Applicant hereby authorizes representatives of the Freeport Park District to communicate with any organization or person listed in this Application and to verify any information provided in this Application. This Application may be presented to any organization or person identified herein as an authorization for that organization or person to respond to and communicate freely with representatives of the Freeport Park District.

Applicant's Signature _____ Date _____

- For Office Use Only -

Program/Pass Approved _____

Program/Pass Value \$_____ Fee to be paid by applicant \$_____ Reviewed by _____

Comments _____

Superintendent's Approval _____ Date paid _____ Receipt # _____