

FRANKFORT SQUARE PARK DISTRICT
7540 W. BRAEMAR LANE
FRANKFORT, IL 60423
(815) 469-3524

RECREATION PROGRAM SCHOLARSHIP APPLICATION

Scholarships are only available for children that reside within the borders of the Frankfort Square Park District.

Name of Participant(s) _____

Birth Date(s) _____

Parent/Guardian Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Number of individuals living in the household _____

Number of individuals who live in the household who are employed _____

Household Monthly Income _____

Does the financially responsible person(s) in your household receive income from any of the following?

(Check all that apply – documented proof required) Please note; absence of documented proof will result in denial of application.

Child Support _____

Employment _____

Foster Parent (DCFS) _____

Pension _____

Public Aid _____

Social Security _____

SSI Disability _____

Unemployment Comp _____

Workman's Comp _____

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Do you regularly experience (or have you recently experienced) any unusual medical expenses?

Yes _____ No _____ If yes, please provide medical expense details:

Are there any unusual household expenses at this time? _____

Program(s) for which a scholarship is requested. _____

I will make the Frankfort Square Park District aware of any changes in our financial status.

All of the information I have provided is accurate.

Signature _____ Date _____

Printed Name _____

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Program Year _____

Approved By _____ Date _____

Registration Fee Total _____

Amount Awarded _____

Balance Due _____