

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.

The Recreation Program Scholarship is meant to offer a bridge to families in need. The Park District provides phased support for a maximum of three (3) years, with decreasing amounts per year to families that provide completed applications identifying need. This support is retroactive to the first receipt of Recreation Program Scholarship funds.

Not all programs are eligible for scholarships and will be handled on a case-by-case basis.

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 _____

Have you or a family member previously received Recreation Program Scholarship(s)? If yes, please provide the requested date information. Yes _____ Month/Year _____ No _____

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 true, complete, and correct.

Signature _____ Date _____

Printed Name _____

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Program Year _____

Approved By _____ Date _____

Registration Fee Total _____

Amount Awarded _____

Balance Due _____