

SPECIAL RECREATION ASSOCIATION OF CENTRAL LAKE COUNTY

271 N. Archer Avenue, Mundelein, IL 60060

Application Date _____
Month Day Year

FINANCIAL AID APPLICATION

* Financial aid through SRCLC is available only to individuals considered residents of the following communities: Grayslake Community Park District, Village of Hawthorn Woods, Village of Lake Zurich, Village of Libertyville, Village of Lincolnshire, Mundelein Park & Recreation District, Round Lake Area Park District, and the Vernon Hills Park District.

Please complete this application in Full. This application will expire in one year.

Participant's Name: 1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Person Requesting Aid: _____ Relationship
to Participant: _____

Address: _____
(Street) (City) (Zip)

Phone:(Home) _____ (Work) _____

I hereby request financial assistance for:

<u>Program Name</u>	<u>Program Cost</u>	<u>Amount Awarded</u>	<u>Balance Due</u>
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FINANCIAL INFORMATION

Please list all persons that you support:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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(OVER)

Marital Status: Married_____ Divorced_____ Single_____ Widowed_____ Separated_____

Do you own your home? Yes_____ No_____ Rent? Yes_____ No_____

What are your mortgage/rent payments per month?_____

Your employer:_____ Your Position_____

Gross Monthly Earnings \$_____

Spouse's employer_____ Position_____

Gross Monthly Earnings \$_____

List all additional monthly income (child support, savings, investments, etc.)

_____ \$_____

_____ \$_____

_____ \$_____

Total monthly income from all sources: \$_____

Do you receive Public Aid? Yes_____ No_____ If yes, please list Case ID #_____

Please state other factors you wish considered:_____

I understand that all information given to SRACLC is not a matter of public records and will be kept confidential. I understand that 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 letter at the earliest possible date as to the decision of SRACLC administration about my request for financial assistance.

I will make SRACLC aware of any change of financial status that occurs and I understand I must complete a new application form each year.

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.

Date
Revised 3/07

Signature