

# FINANCIAL AID PROGRAM

Provided by the St. Charles Park District for Park District Residents  
Supported by the St. Charles Park Foundation

Complete this application along with a program registration or aquatics membership form, your most recently-filed Federal Tax Forms (Form 1040) as proof of income and any other documentation of additional state aid, such as Link, SSI, Medicaid, etc. All information will be kept confidential. **Submit application to the St. Charles Park District, 8 North Avenue, St. Charles, IL 60174.**

Allow a minimum of seven business days for the District to process your request. Following verification of the information provided on this form with the required additional documents, applicants will be notified on the amount, if any, of financial aid awarded. Financial aid granted may not exceed \$500 per household per year. For questions or more information, call 630-513-4332 or email [chedlund@stcparks.org](mailto:chedlund@stcparks.org).

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced | Total in Household \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Is there another person or agency, other than a spouse, financially contributing to your housing, utilities or support?  Yes  No

Additional Income \_\_\_\_\_  
(Welfare, Unemployment, Child Support, Food Stamps, Savings, etc.)

I hereby acknowledge that all of the above information is true and accurate. I agree to release any information deemed necessary for the complete consideration of this request. I further agree to a personal interview.

\_\_\_\_\_  
Signature of Application or Parent/Guardian Date

PLEASE ALLOW 7 BUSINESS DAYS FOR PROCESSING • OFFICE USE ONLY

\_\_\_\_\_  
 Approved  Disapproved | Total Amount Granted \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent of Recreation Date