

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 \$750 per household per year. For questions or more information, call 630-513-4332 or email 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