

## 2025 Financial Aid Application

(Valid April 2025 – March 2026)

Attach last year's income tax returns (W-2's & Internal Revenue Service Form 1040, 1040A, or 1040EZ) and two pay stubs, or any other income documentation per the Financial Aid Guidelines to this form and return it to the Park District Administration Office located at 1122 S. Burchard Avenue. All information is confidential. Financial Aid will be awarded based upon the Applicant's available information, criteria established and funds available. Thank you.

	lress				. Code	
Auc	Address		.1ly	Zip Code		
Hor	ne Phone	Work I	Phone			
	rital Status:Sing	_				
Plea	use list all family men		u, living in house FIRST NAME		DATE OF BIRTH	
1	LIIGI IV			KEEMMON	DATE OF BIRTH	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Are	you or anyone else i	n your household cu	arrently employe	d?YES	NO	
Wha	at is your annual gros	ss household income	e?			
Do	you receive Public A	ssistance from State	e of Illinois (SNA	AP or TANF)?	YESNO	
If yes, please fill in the following chart:						
AGENCY CONTACT PERS			ON CONTACT	T PHONE #	YEARLY AMOUNT	
<u> </u>		1				

## -TURN OVER AND COMPLETE BACK SIDE OF FORM-

Please fill in the chart below for the programs you wish to receive assistance for:

Note: Fill out name of youth participant that will be enrolled in program. Participant must be

17	310046	of age	
1/	years	oj age	e or younger.

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	PROGRAM NAME	PROGRAM ID#
1	LASI NAME	FIRST NAME		
2				
3				
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Applicant hereby waives any claim to any right of privacy concerning the information herein provided. Further, Applicant hereby authorizes representatives of the Freeport Park District to communicate with any organization or person listed in this Application and to verify any information provided in this Application. This Application may be presented to any organization or person identified herein as an authorization for that organization or person to respond to and communicate freely with representatives of the Freeport Park District.

Applicant's Signature		Date
	- For Office Use Only -	

PROGRAM NAME	PROGRAM ID#	PROGRAM FEE	FEE PAID BY APPLICANT	APPROVED BY	RECEIPT #