



2026 Financial Aid Application

(Valid April 2026 – March 2027)

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.

Applicant Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____

Marital Status: ____ Single ____ Married

Please list all family members, including you, living in household:

				DATE OF BIRTH
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Are you or anyone else in your household currently employed? ____ YES ____ NO

What is your annual gross household income? _____

Do you receive Public Assistance from State of Illinois (SNAP or TANF)? ____ YES ____ NO

If yes, please fill in the following chart:

AGENCY	CONACT PERSON	CONTACT PHONE #	YEARLY AMOUNT

Note: Fill out name of youth participant that will be enrolled in program. Participant must be 17 years of age or younger.

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	PROGRAM NAME	PROGRAM ID#
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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 -

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