



## 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:

|    |  |  |  | <b>DATE OF BIRTH</b> |
|----|--|--|--|----------------------|
| 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 | CONTACT PERSON | CONTACT PHONE # | YEARLY AMOUNT |
|--------|----------------|-----------------|---------------|
|        |                |                 |               |
|        |                |                 |               |
|        |                |                 |               |
|        |                |                 |               |

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 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 -**