

# Park District of Forest Park Scholarship Application

Date: \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_

(Last)

(First)

Street Address \_\_\_\_\_

(Street)

(City)

(ZIP)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status (Circle):      Single      Married      Widowed      Divorced      Separated

## Applicant Employment Information

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

Address \_\_\_\_\_

(Street)

(City)

(ZIP)

## Spouse Employment Information

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

Address \_\_\_\_\_

(Street)

(City)

(ZIP)

## Dependent Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

## Programs Requested

Participant Name	Program Name	Program Code/ Price	Amount of Aid Requested

COMPLETE REVERSE SIDE

**Reason for applying for assistance**

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**References - List below 2 or more schools or social agencies for a reference check.**

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

**Please check items below indicating financial assistance that you currently receive.**

\_\_\_\_\_ Public Aid Case Number \_\_\_\_\_

\_\_\_\_\_ Food Stamps

\_\_\_\_\_ WIC

\_\_\_\_\_ School Lunch Program

\_\_\_\_\_ Name of school \_\_\_\_\_

\_\_\_\_\_ Subsidized Housing

\_\_\_\_\_ Excessive Medical Bills

\_\_\_\_\_ Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other

\_\_\_\_\_ Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACH COPY OF MOST  
RECENT W-2 STATEMENT(S)!**

**Financial Information**

**Monthly Income**

Salary \$ \_\_\_\_\_

Spouses' Salary \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Monthly Expenses**

Mortgage/Rent \$ \_\_\_\_\_

Auto Payment \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Credit Cards \$ \_\_\_\_\_

Auto/Health Insur. \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Automobile Information**

Make \_\_\_\_\_

Model \_\_\_\_\_

Year \_\_\_\_\_ Amt. Owed \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Year \_\_\_\_\_ Amt. Owed \_\_\_\_\_

**“All of the information submitted on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application will be rejected.”**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_