

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



## SCHOLARSHIP APPLICATION FORM

This form must be completed and attached to the program registration form and submitted to the Geneva Park District, 710 Western Avenue, Geneva, IL 60134. Following verification of information supplied on this form, applicant will be notified as to disposition of request.

**Scholarship Applicant(s) Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Person Completing Application:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

Registrant Name	Date of Birth	Aid Amount

**Please check all applicable items to indicate a financial need:**

- Family Income (including child support)      Annual Salary/Child Support: \_\_\_\_\_
- Public Aid      Aid Number: \_\_\_\_\_
- Food Stamps      Case Number: \_\_\_\_\_
- School Lunch Program      School Attending: \_\_\_\_\_
- Subsidized Housing
- Excessive Medical Bills      Explain: \_\_\_\_\_
- Other Financial Hardship      Explain: \_\_\_\_\_

*Please attach all supporting documentation to this form.*

**Type of Assistance Requested:**

- Partial Award
- Full Award      Dollar Amount of Scholarship Requested: \_\_\_\_\_
- Payment Plan      (\$175 per season/per person maximum)

Applicant must submit their last annual tax form and at least one of the above-mentioned items to this application. This may include a social agency referral, school referral, etc. Incomplete applications, including incorrect/missing information, will be returned to applicant unprocessed.

**References:** At least two references (i.e.: social service agencies, schools, employers) must be provided and permission given below for them to supply the Geneva Park District with information regarding applicant's financial need.

Name	Address	Phone

I certify that the above information is true and correct and understand that its accuracy will be verified. I have read the scholarship application guidelines and scholarship policy and requirements attached and understand the process by which financial aid may be graded according to those guidelines, policies and requirements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date