



Scholarship Application

Valid March 1, 2022 through April 30, 2023

The APPLICANT is the person responsible for paying the costs of the programs. Note: If participant is 19 years or older, they will be considered for scholarship eligibility based on their own information. The applicant is: (check one)

- Participant/Self
 Guardian 1
 Guardian 2
 Other (please specify)

Participant Information

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Age: _____

Guardian Information (if Participant is Under Age 19 or enrolling in Summer Day Camp)

| | Guardian 1 | Guardian 2 |
|-------------------|------------|------------|
| Name: | | |
| Address: | | |
| City, State, Zip: | | |
| Phone: | | |
| Marital Status: | | |

Please check if you currently receive one of the following authorized documents (MUST PROVIDE DOCUMENTATION):

- Social Security Income (SSI)
 Supplemental Nutrition Assistance Program (SNAP) through IL Link
 Illinois All Kids (CHIPRA)
 YouthCare Health Plan, DCFS

If you have checked one of the above and have appropriate documentation, the application is complete. If not, please complete page two.

Office Use Only:

Percent Awarded: _____

Amount Awarded: _____

Staff Initials: _____

Date: _____

STOP: ONLY FILL OUT THIS PAGE IF YOU DID NOT SELECT ANY OF THE 4 AUTHORIZED DOCUMENTS ON PAGE 1

Fill out the form below. Please provide as much documentation as possible. The Scholarship Committee reviews all scholarship applications and has the right to request additional documentation and also reserves the right to deny applications based on incomplete information.

| Monthly Income | | | |
|---------------------------------|-------------|------------|------------|
| Please list all forms of income | Participant | Guardian 1 | Guardian 2 |
| Wages: (please provide W-2) | | | |
| Other: (i.e.: Child Support) | | | |
| Other: | | | |
| Monthly Total: | | | |
| Total Annual Income: | | | |

| Monthly Expenses | | | |
|------------------------|-------------|------------|------------|
| | Participant | Guardian 1 | Guardian 2 |
| Mortgage/Rent: | | | |
| Utilities: | | | |
| Loans: | | | |
| Medical: | | | |
| Medical Insurance: | | | |
| Auto Insurance: | | | |
| Food: | | | |
| Other: (please list) | | | |
| Monthly Total: | | | |
| Total Annual Expenses: | | | |

Please describe any unusual circumstances the participant and/or their family may be experiencing with regard to finances that should be considered in the review of the scholarship application:

All information provided will be kept confidential and is not subject to the Freedom of Information Act. All information is requested as incomplete applications may not be considered.

Applicant's Signature: _____

Date: _____

Relationship to Participant: _____