



Mundelein Park & Recreation District
1401 North Midlothian Road,
Mundelein IL 60060
Phone (847)566-0650 Fax (847)566-8557

Mundelein Park District

Financial Assistance Application Form

Date Received: _____

Received By: _____

NEW APPLICANT _____ SUBSEQUENT APPLICATION _____

Application Procedures:

1. Complete the financial aid application form. Return the completed form along with all required documentation to:
Registration Department
Mundelein Park District, 1401 North Midlothian Rd, Mundelein IL 60060
Phone (847) 388-5450
2. Financial Aid applications and documents are valid for the calendar year and will follow the same process for each program request.
3. Upon receiving applications the Superintendent of Recreation will review the need for financial assistance.
4. The Registrar will notify all applicants of a decision within 2 weeks.

Family Last Name _____

Father/Guardian's First Name _____

Mother/Guardian's First Name _____

Marital Status (circle one) Single Married Separated Divorced Widowed

Address _____ City, State, Zip _____

Has your address changed since last registration? Yes No

If Yes please list past address: _____

Primary Phone _____ Alternate Phone _____

Email Address _____

First and Last Name(s) of Children:

Please list all children:

1. _____ Birthday _____ Age: _____
2. _____ Birthday _____ Age: _____
3. _____ Birthday _____ Age: _____
4. _____ Birthday _____ Age: _____
5. _____ Birthday _____ Age: _____
6. _____ Birthday _____ Age: _____

Work/Employment Information

In order to be considered for review of financial assistance it is required that you submit 2 of the most recent pay stubs or unemployment stubs from each wage earner in your household. Each pay stub must show the year-to-date income.

Please complete the following:

First and Last Name: _____

Employer's Name: _____

Employer's Address _____

Employer's Phone # _____

Gross Yearly Income for year _____ \$ _____

First and Last Name: _____

Employer's Name: _____

Employer's Address _____

Employer's Phone # _____

Gross Yearly Income for year _____ \$ _____

First and Last Name: _____

Employer's Name: _____

Employer's Address _____

Employer's Phone # _____

Gross Yearly Income for year _____ \$ _____

Please review the following and list all other sources or income your household may receive.

Do you receive Public Assistance: \$ _____/Month

Do you receive Child Support: \$ _____/Month

Do you receive Spousal Support: \$ _____/Month

Do you receive Unemployment Compensation: \$ _____/Month

Do you receive Social Security Benefits: \$ _____/Month

Do you receive Death Benefits: \$ _____/Month

I fully understand that the financial circumstances outlined above will be kept confidential by the Mundelein Park District. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of any changes in my financial status. The above information is true and correct to the best of my knowledge. Each wage earner must sign below.

Applicant Signature

Date

Applicant Signature

Date