



1401 North Midlothian Road, Mundelein, IL 60060
P: 847.566.0650 F: 847.566.8557



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|---------------------------|
| OFFICE USE ONLY |
| Date/Time Received: _____ |
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| Routed To: _____ |
| _____ |

FINANCIAL ASSISTANCE APPLICATION FORM

NEW APPLICANT

SUBSEQUENT APPLICATION

Application Procedures:

1. Complete the financial assistance 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 847.388.5451
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: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Marital Status (check one) Single Married Separated Divorced Widowed

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.

Public Assistance: \$ _____ /Month

Child Support: \$ _____ /Month

Spousal Support: \$ _____ /Month

Unemployment Compensation: \$ _____ /Month

Social Security Benefits: \$ _____ /Month

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 _____