

FRANKFORT SQUARE PARK DISTRICT
7540 W. BRAEMAR LANE
FRANKFORT, IL 60423
(815) 469-3524

CONFIDENTIAL PROGRAM SCHOLARSHIP APPLICATION

*Scholarships are only available for children that reside within the
Frankfort Square Park District.*

Name of Participant(s) _____

Birth Date(s) _____

Parent/Guardian Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

Number of individuals living in the household _____

Number of individuals who live in the household who are employed _____

Household Monthly Income _____

Does anyone living in your household receive income from any of the following? (Check all that apply)

Child Support _____

Social Security _____

Employment _____

SSI Disability _____

Foster Parent (DCFS) _____

Unemployment Comp _____

Pension _____

Workman's Comp _____

Public Aid _____

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Do you regularly experience (or have you recently experienced) any unusual medical expenses?
Yes _____ No _____ If yes, please provide details _____

Are there any unusual household expenses at this time? _____

Program for which a scholarship is requested: _____

I will make the Frankfort Square Park District aware of any changes in our financial status.

All of the information I have provided is accurate.

Signature _____ Date _____

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Program Year _____

Approved By _____ Date _____

Registration Fee Total _____

Amount Awarded _____

Balance Due _____