

SCHOLARSHIP PROGRAM APPLICATION

To Apply for reduced programs, complete this application, sign your name and return the application to the Addison Park District, 120 E. Oak Street, Addison, IL.

Name of Applicant: _____

Address: _____

Telephone Number: Cell _____ Home _____

Work _____

List All Household Members:	Relationship		Relationship
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

List all monthly income and attach required documentation:

Name	Gross Payroll Earnings (before deductions)	Other Income	Total
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Are you enrolled in the school subsidized lunch program? Yes _____ No _____

If yes, letter from school district must be attached to this form.

Program Applied for:	Cost:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for the Addison Park District Reduced Scholarship fund; that officials may verify the information on the application, and deliberate misrepresentation of the information may subject me to prosecution under State and Federal Laws or revocation of scholarship program.

X _____
Signature of Adult Household Member