



THE CITY OF LAKE FOREST Scholarship Review Committee

Scholarship Application Guidelines

1. Scholarship applications need only be completed once annually and submitted to the Superintendent of Recreation.
2. All information submitted will remain confidential.
3. All information on the application must be true and accurate.
4. Financial assistance is available to Lake Forest residents only.
5. Lake Forest families shall be eligible for no more than \$500 in financial assistance in one year from original application and may be expected to pay partial fees. Assistance may be given in form of a payment plan.
6. Program registration forms must be submitted to the office of the Superintendent of Recreation with scholarship application. Sufficient time should be allowed for approval/review prior to the registration deadline.
7. The Scholarship Review Committee will review all applications and determine the need and percent of financial assistance.
8. Within 30 days after receiving the application, the Lake Forest Recreation Department will notify the family of the status of the application.
9. Incomplete applications or lack of documentation will result in the delay/rejection of applications.
10. It is the responsibility and obligation of the applicant to notify the Recreation Department of any changes in financial status.
11. If you have questions please contact Sally Swarthout at 847-810-3942. Lake Forest Parks and Recreation Department, 400 Hastings Rd., Lake Forest, Illinois 60045.

**Scholarships provided by the
Friends of Lake Forest Parks and Recreation**





LAKE FOREST PARKS & RECREATION DEPARTMENT

SCHOLARSHIP APPLICATION

Date: _____

1. **Applicants First Name:** _____ **Last Name:** _____

Street Address: _____ Apt. # _____

City _____ Zip _____ Home Phone () _____

Work Phone (Mr.) () _____ Work Phone (Ms.) () _____

2. **Please list all family members living at your residence whom you support:**

M / F _____ age _____ M / F _____ age _____

M / F _____ age _____ M / F _____ age _____

M / F _____ age _____ M / F _____ age _____

4. **Marital Status:** Married Divorced Separated
Widowed Single

5. **Employer:**
(applicant) Employer _____

Position _____

Address _____ Annual Income _____

Additional Income/Child Support / Alimony _____

(spouse or 2nd job) Employer _____

Position _____

Address _____ Annual Income _____

6. **Please briefly describe the reasons for scholarship request.**

7. **Please list any special circumstances which you feel we should be made aware of when considering your application.**

8. **Please, you must submit the following with this application:**

- a) Most recent tax return(s) for family.
- b) Completed Recreation Department Program Registration Form.

I authorize the City of Lake Forest Parks & Recreation Department to use this information in the scholarship process and agree that it is true and correct to the best of my knowledge.

Signature _____ Date _____

Lake Forest Parks and Recreation Department • 400 Hastings Rd. • Lake Forest, Illinois 60045