

NORTHWEST SPECIAL RECREATION ASSOCIATION
Park Central, 3000 Central Road, Suite 205, Rolling Meadows, IL 60008
847/392-2848 VOICE, 392-2855 TTY, 392-2870 FAX

DAY CAMP FINANCIAL ASSISTANCE APPLICATION

This form must be completed and returned to NWSRA. Scholarship funds are limited. Partial, delayed or divided payments are encouraged whenever possible. All information submitted is confidential and not a matter for public record. Following verification of information supplied, applicant will be notified as to disposition of request.

Name of Participant _____ Home # _____

Address _____ Apt.# _____ City _____ Zip _____

Park District _____ Township _____

Person Completing Application _____

Relationship to Participant _____ Daytime # _____

Type of Assistance Requested

_____ Partial Scholarship Amount Able to Pay \$ _____
 (includes \$50.00 deposit)

_____ Payment plan. Three due dates for divided payments are listed on the NWSRA program registration form. Please indicate if you are requesting different or additional dates.

Assistance Requested For:

Program Number(s) & Name(s)	Fee
Total Dollar Amount Requested:	\$
NWSRA Scholarship Granted:	\$

Please complete the other side of this form.

Please check items to indicate financial need and attach documentation:

_____ Public Aid	Aid No.	_____
_____ Food Stamps	Case No.	_____
_____ School Lunch Program	School Attending	_____
_____ Subsidized Hosing	Name of Unit	_____
_____ Proof of Residency		

_____ Household Family Income in compliance with Cook County Section & Housing Assistance Payment Program.
Enclosed copy of recent check stub(s).

_____ Excessive Medical Bills. Please explain:

_____ Other Financial Difficulties. Please explain:

I certify that the above information is true, correct and complete, and authorize NWSRA to conduct reference checks to verify accuracy of information.

Signature (Please Print Name Above) Date