

Northern Will County Special Recreation Association

**Scholarship Request Form
Confidential Information**

Please note: You are required to volunteer no less than 10 hours during the program season to receive a scholarship.

Please fill out this form in its entirety.

Parent/Guardian Name: _____

Participant's Name: _____

Address: _____ City: _____

Home Phone: _____ Bus. Phone: _____

of children in family and ages: _____

Are you receiving any public aid? Yes _____ No _____

If applicable, circle any medical assistance that you receive:

Medicare, Medicaid, group insurance, or other. If you circled other, please list below:

Total family income (**please submit a copy of last year's W-2 forms**) _____

List any other sources of income and give yearly amount where applicable.

SSI _____

Public Aid _____

Alimony _____

Child Support _____

Unemployment _____

Social Security _____

Trust Fund _____

Other _____

Please state your reason for requesting a scholarship or reduced fee: _____

Program/s requesting scholarship for:

Program Name	Fee	Need Transportation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount of scholarship requested: _____

Monies enclosed: \$_____

By signing this scholarship form you as the guardian are agreeing to volunteer 10 hours of volunteer service to NWCSRA.

Parent/Guardian Signature: _____

OFFICE USE ONLY

Granted:

_____ Scholarship

_____ Reduced Fee

_____ Amount to be paid by parent/guardian

Director's Approval

Date

Name of Participant/s: _____

City: _____