



Lincoln Park District Foundation Scholarship Application

Instructions

Please complete all sections of this application and return it, with supporting documentation, to: Lincoln Park District Foundation Scholarship, Executive Director Becky Strait, 1400 Railer Way Lincoln, IL 62656. Your application will be presented to the Lincoln Park District Foundation Scholarship Committee for review and recommendation. Please understand that funds are limited and are allocated on the basis of need. There are a limited number of spots available for each session. Every reasonable effort will be made to keep your application confidential.

Applicant's name: _____ Birth date: _____ Sex: _____
Parent/Guardian Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____

Medical Information Does the participant have and medical condition of which the instructor should be aware of? (For example: diabetes, seizures, etc.) Circle one: Yes No If yes; please explain:

Please list all participants you wish to be a part of the scholarship:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Please list the program/lessons you are requesting a scholarship for:

Please provide proof of eligibility for the following programs:

1. Reduced/Free lunch program; or
2. Medicaid, SSI, TANF, WIC, Food Stamps, or other assistance programs
3. Copy of latest tax return or SSI check verification
4. Or if you fall under the Extenuating Circumstances please provide all required documentation

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____