

YOUTH SERVICES PAYMENT WAIVER

17801 W. Washington St.
Gurnee, IL 60031

1-847-244-1101 ext. 401 (phone)
1-847-244-0867 (fax)

Scholarship Application

Please complete the application and drop-off or mail in with the specific Registration Form for the program of interest. Approved scholarship applicants will receive approval by mail (FNA Cards will be mailed to the address provided on the Registration Form).

Students Name _____	Birthdate _____
Students Name _____	Birthdate _____
Address _____	
City _____	Zip _____
Primary Phone # _____	
Parent / Guardian Name _____	Primary Phone # _____

All Youth Service and Teen Center scholarships will be awarded on the basis of need and availability of funds. The scholarships are limited to specific programs and activities. Check with Director for any clarification. All scholarships are awarded at the discretion of the Township.

My family is seeking a scholarship for the following program(s):

Friday Night Alternative Gurnee Teen Center Park City Teen Center Other _____

Total amount of scholarship requested: \$ _____

Reason for seeking scholarship(s) at this time: _____

I understand this application is confidential and not public record. I also understand this application will be evaluated to determine qualification for scholarship. All of the information provided is accurate.

Signature _____ Date _____

The following information is only for the purpose of tracking and has no bearing on approval.

My family is seeking the scholarship(s) for the following reason(s):

Lack of funds at this time Chronic financial hardship Delinquent child support
 Unemployment Disability

My family currently receives the following forms of assistance:

Public Aid Food Stamps Subsidized Housing SSI School Lunch Program

For Office Use Only

Date Appl. Received _____	Reviewed By _____	Awarded _____
Date _____	Date Notification Given to Applicant _____	