

Warren Township Youth Services

17801 W. Washington St. / 100 S. Greenleaf St.
Gurnee, IL 60031

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

Scholarship/Financial Assistance Application

Students Name _____ Birthdate _____
 Students Name _____ Birthdate _____
 Address _____
 City _____ Zip _____
 Primary Phone # _____ Primary Disability _____
 Parent / Guardian Name _____ Primary Phone # _____
 My family is seeking assistance for the following service(s)
 Youth Services/FNA Gurnee Teen Center Park City Teen Center
 The specific program/group (such as, Friendship Group): _____
 Total cost of program/group fees: \$ _____

Number of individuals living in household _____
 Number of individuals living in the household who are employed _____
 Monthly employment income for household _____
 Do you receive Public Aid (Y/N) _____ If Yes, please provide Aid # _____
 Do you receive Food Stamps (Y/N) _____ If Yes, please provide Case # _____
 Participant of Federal School Lunch Program (Y/N) _____ If Yes, school attending _____
 Subsidized Housing (Y/N) _____

Does anyone in your household receive income from any of the following sources? (Specify amount.)

Social Security	\$ _____	/Month	Public Aid	\$ _____	/Month
SSI Disability	\$ _____	/Month	Child Support	\$ _____	/Month
Workers' Compensation	\$ _____	/Month	Pension	\$ _____	/Month
Unemployment Compensation	\$ _____	/Month			

Documentation of your taxable income is required unless student is a participant of the Federal School Lunch program or the total amount requested by a family is \$25.00 or under. In such cases, you will be required to submit a copy of your most recent federal income tax return and two pay stubs if employed.

Please explain any other financial difficulties (extensive medical bills, etc.) _____

Warren Township assists as many individuals as possible through the financial assistance. As a result, please indicate the percentage or the amount of the program fees you can cover (remember, total fees under \$25.00 don't require any documentation): _____

I understand this application is public record with the exception of personal information. I also understand this application will be evaluated to determine qualification for financial assistance. I will make Warren Township aware of any financial changes that differ from information provided above. All of the information provided is accurate and verifiable. I hereby, authorize Illinois Department of Human Services, Illinois Dept. of Employment Services, Lake County Housing, Dept. of Social Security to release any and all information to Warren Township, which is deemed necessary to complete investigation of my application to receive financial assistance.

Signature _____ **Date** _____

For Office Use Only

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