

DATE: _____

**Youth Services, Oak Park and River Forest Townships
2017 Financial Assistance Scholarship (FAS) Request Form**
(For programs initiated between April 1, 2016 - March 31, 2017)

Requirements for Financial Assistance Scholarship (all requirements must be met):

1. **Age:** 9-17 if child resides in Oak Park, 5-17 if in River Forest at the start of the program
2. **Residency:** family must reside in either OP or RF; or child attends school in OP or RF
3. **Payments:** family must pay a portion of the program cost
4. **Income:** eligibility is determined by Free and Reduced Lunch Guidelines (see attached).

The **REFERRING AGENCY** (not individual/family) **must complete a new form for each child/family and for each program.**

APPLICANT INFORMATION – Last Name: _____

First: _____

Street Address _____

City _____

School: _____

Date of Birth: _____

Name of **program** applicant is applying for: _____

Name of **agency** where program is held/administered: _____

When will the program begin/end (necessary to determine funding period)? _____

TOTAL COST OF PROGRAM: \$ _____

Amount of the family will pay: \$ _____

Amount of other assistance from agency or other source: \$ _____ Source: _____

Amount of FAS REQUEST from Youth Services: \$ _____ (cannot exceed \$250.00)

Agency Sponsoring Program: _____ Phone: _____

Name of REFERRAL PERSON: _____ Phone: _____

REFERRAL INFORMATION INCLUDING EMAIL ADDRESS: _____

Note: Referral must verify applicant's income with paycheck stub, tax return, or other appropriate document.

Family Situation: (Circle all that apply. Income should not exceed guidelines and family must pay a portion of the cost)

Single Parent	Part-time Employment
Child is Disabled	Unemployed
Parent is Disabled	Child Needs Program (please explain below)
Other:	

NOTE: *Financial Assistance Scholarships provide funds to be applied specifically to registration fees. Unfortunately, we are unable to apply these funds towards various extras, such as uniform fees, equipment, etc.*

Please email completed application and income form to aszeto@oakparktownship.org or fax to (708) 383-8062