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 www.WildwoodParkDistrict.com

### SCHOLARSHIP APPLICATION

All information will remain confidential.

Parent/Guardian Name (if under 18 years old): \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Please indicate: Family size \_\_\_\_\_

Yearly income before taxes \_\_\_\_\_

(Income includes all income of all household members: wages, salary, social security, public assistance, child care assistance, child/spouse support, pension/retirement, etc)

Please list name of participant(s) and program(s) requested for scholarship:

Name	Date of Birth	Program	Program Number	Program Fee	Amount Requested

Please briefly describe your personal circumstances. (Remember all information will remain confidential):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify the above information is correct to the best of my knowledge. I am a resident of Wildwood Park District and I understand that any additional fees (supply fees, late fees, etc.) are my responsibility regardless of scholarship status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Application is not valid without signature of parent or legal guardian if scholarship is for someone under the age of 18.)

