

APPLICATION

Date: B B B B B B B B B B

Please complete this application in full. This application is for the Conservation Explorer's Program and will be kept on file for a one year period. This application does not confirm participation in the program. This application is for the sole purpose of determining approval and scholarship amount.

Name of Parent / Guardian

Address

Street

City

Zip Code

Home Phone

Additional Phone

Email Address

Program Cost Information	Total
Tuition Cost	\$ 700
Trip Fee*	\$150

**Please note: Scholarship Funds cannot be applied towards \$150 Trip Fee*

Participant's Name	Birth Date
1.	
2.	
.	

I hereby request a scholarship for:

Program Name	Session Dates	Tuition Cost	Amount You Can Pay (payment plans available)
Conservation Explorers	July		

Total household
Income:

Number of dependents in household:

Specify any public aid you are receiving: (School name only required if receiving subsidized school lunch program)

61\$3 3URJUDP 6XEVHGLFKRRO OXQFK SUR\$XEF LGLJHG KRXLVQ1RQH

2WKHU BBB

6FKRRO 1DPH BB 3KRQH 1

Please provide reason(s) for scholarship request:

Medical Reasons

Unplanned Circumstances

Other:

SCHOLARSHIP APPLICATION

I understand that all information given to the Lake County Forest Preserves is not a matter of public record and will be kept confidential. I understand the information I provide on this sheet will be evaluated to determine whether I qualify for a scholarship.

I understand that all awarding of money will be determined by need and the availability of funds. If a scholarship is available, I will be notified via mail by April 15, 2020.

I will make the Lake County Forest Preserves aware of any change of financial status that occurs and I understand that I may be requested to complete another form at a later date.

I have answered all the questions honestly and to the best of my knowledge. All the information I have provided is true, correct and complete and authorizes the Lake County Forest Preserves to conduct reference checks for the sole purpose of verifying information.

Signature

Date

Please return completed and signed application to:

Lake County Forest Preserves
Conservation Explorers
21950 N. Riverwoods Road
Riverwoods, IL 60015

OFFICE USE ONLY	
Points Earned:	_____
Amount awarded: \$	_____
Approved by:	_____
Date awarded:	___ / ___ / ___
<input type="checkbox"/> Confirmation made	___ / ___ / ___
<input type="checkbox"/> Enrolled	___ / ___ / ___
<input type="checkbox"/> Balance received	___ / ___ / ___