

**GLENVIEW PARK DISTRICT  
LEISURESHIP APPLICATION FORM**

Office Use Only	
Date Rec'd _____	Reviewed _____
Letter Sent _____	
Registration Input _____	
Level of Support _____	% Initials _____

**Part I - Family Information**

1. Family Name \_\_\_\_\_ Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work \_\_\_\_\_ for \_\_\_\_\_ Work \_\_\_\_\_ for \_\_\_\_\_  
 Phone \_\_\_\_\_ Mr./Ms. \_\_\_\_\_ Phone \_\_\_\_\_ Mr./Ms. \_\_\_\_\_

2. Please list all family members living at your residence who you support:

_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____

3. Do you: Own  Rent  your home?

4. Marital Married  Divorced  Separated

Status: Widowed  Abandoned  Single

5. Employer: (Applicant) Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ Annual Income \_\_\_\_\_

(Spouse or Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Second Job) Address \_\_\_\_\_ Annual Income \_\_\_\_\_

6. Have you participated in this program before? Yes  No   
 Season \_\_\_\_\_ Year \_\_\_\_\_

**Part II - Financial Information**

7. Please indicate other forms of assistance you are currently receiving, including family help, gifts or loans from friends, etc.

- |   |  |
|---|--|
| <input type="checkbox"/> Alimony (amount _____)         | <input type="checkbox"/> Housing Assistance (amount _____)       |
| <input type="checkbox"/> Child Support (amount _____)   | <input type="checkbox"/> School Lunch Program ( amount _____)    |
| <input type="checkbox"/> Social Security (amount _____) | <input type="checkbox"/> Disability Payments (amount _____)      |
| <input type="checkbox"/> Public Aid (amount _____)      | <input type="checkbox"/> Rent/Mortgage Assistance (amount _____) |
| <input type="checkbox"/> Food Stamps (amount _____)     | <input type="checkbox"/> Utility Assistance (amount _____)       |
| <input type="checkbox"/> Other (amount _____)           | <input type="checkbox"/> Other (amount _____)                    |

**MONTHLY INCOME/EXPENSES:**

8. Monthly Net Income \_\_\_\_\_ (Please include all sources of income.)

9. Monthly Expenses:

Mortgage/Rent	_____	Electricity	_____
Gas	_____	Water	_____
Phone	_____	Medical	_____
Food	_____	Other	_____
Loan Payments	_____	Other	_____

TOTAL: \_\_\_\_\_

10. Please indicate the amount you can pay towards these programs: \$ \_\_\_\_\_  
If you are unable to afford any level of co-payments, a personal appointment will be required. Call Nancy Bloom at 724-2620.

11. Would a payment plan be helpful? Yes  No

12. Please list any special circumstances not mentioned elsewhere on this form which you feel we should be made aware of when considering your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Please attach copies of all forms as they may apply.  
Most recent tax return (**mandatory**).  
Documentation of food stamps, social security, disability or public aid assistance.  
Legal Documents regarding divorce/court orders, support arrangements.

Special Notes:

- Please attach a completed Park District Program Application Form to this application.
- Be sure all questions have been answered and all necessary documentation provided. Incomplete applications or lack of documentation will result in delays and /or rejections of applications.
- Return form to:

**Glenview Youth Services**  
**3080 West Lake Avenue**  
**Glenview, IL 60026**  
**ATTN: Nancy Bloom, Director**

The Glenview Park District would like to acknowledge the assistance of Glenview Youth Services for their professional support and the Glenview State Bank for their financial assistance on behalf of the Leisureship Program.

I/we understand that all information given will be kept confidential and that this information will be evaluated to determine whether I/we qualify for assistance. All information requested on this form must be true and accurate. All requests for Leisureship will be evaluated and approved by Glenview Youth Services. All Leisureship awards will be on the basis of need and the availability of funds. Applicants will be notified by letter as soon as practical as to the disposition of this application.

SIGNATURE \_\_\_\_\_  
(Parent/Guardian)

DATE \_\_\_\_\_