



## FUNding Positive Recreational Experiences

### Financial Assistance Application

The mission of the Geneseo Park District is to enhance the quality of life in our Community by providing a positive recreational experience for all.

FUNding Positive Recreational Experiences Program Mission

Strive to remove the financial barriers that may prevent Geneseo Park District residents from enjoying Positive Recreational Experiences.

**New Applicant:** \_\_\_\_\_ **Past Recipient:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Relationship to Possible Recipient:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

Please check the type of assistance you are seeking

\_\_\_\_\_ **Payment Plan**

\_\_\_\_\_ **Partial Payment**

Please check all the types of financial assistance you or members of your household are currently receiving (attach proof of at least one)

\_\_\_\_\_ **Public Aid/Food Stamps**

\_\_\_\_\_ **School Lunch Program**

\_\_\_\_\_ **Subsidized Housing**

\_\_\_\_\_ **Other** \_\_\_\_\_

\_\_\_\_\_ **Unemployment Benefits**

Please describe any additional information or reasons for financial hardship that you may like to be considered in determining assistance: (additional paper may be attached if necessary)

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**Requested Membership/Program**

Participants Name	Membership Type /Program Name	Session	Fee	Less Amount Family able to Pay	Assistance Amount Requested	Payment Plan Need Yes/No

**Please submit proof of residency (copy of driver’s license, voter’s registration card, or utility bill) with your application. No applications will be processed without proof of residency.**

I certify that the above information is true and correct to the best of my knowledge. Any incorrect information will automatically disqualify me from this program and will require me to reimburse the Geneseo Park District for any assistance received. Park District officials may verify the information on the application.

\_\_\_\_\_ Date

**Applicant’s Signature**

\_\_\_\_\_ Date

**Received By**

**Office Use Only:**      Amount Requested \_\_\_\_\_ Amount Received \_\_\_\_\_

**Contacted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_