



GENESEO
PARK DISTRICT

FUNding Positive Recreational Experiences Financial Assistance Application

FUNding Positive Recreational Experiences Program Mission

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

Your Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____

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.**

Please complete the following for all individuals in household

First Name	Last Name	Date of Birth	Relationship to Applicant

Please submit proof of dependency with your application. (Birth certificate, prior years 1044 tax form, insurance card listing dependents, court ordered letter awarding guardianship, SNAP Letter, student record.) **No applications will be processed without proof of dependency.**

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
_____ Unemployment Benefits _____ Other _____

Have you previously received financial assistance from the Geneseo Park District: ___ Yes ___ No

Requested Membership/Program

Participants Name	Membership Type /Program Name	Session	Fee	Payment Plan Needed Yes/No

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.

Applicant's Signature

Date

Applicant's Check List: *applications will NOT be reviewed unless all supporting documentation is included. Funds are limited and completed applications are reviewed in the order they are received.*

- _____ All fields completed on application.
- _____ What requesting financial assistance for is listed.
- _____ Proof of residency included.
- _____ Proof of dependency included if applicable.
- _____ Proof of financial need included.
- _____ Application signed & dated.
- _____ Membership form is completed and included. (if seeking assistance with membership)
- _____ Registration form is completed and included. (if seeking assistance with program)

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

Financial Assistance Application Office Use Only

Community Center Manager

Received By

Date

Check List:

___ Proof of Residency

___ Proof of Dependency

___ Proof of Financial Need

___ Completed Application

___ Membership Form

___ Registration Form

Superintendent of Finance & Admin Use Only

Date received: _____

Amount Awarded: \$ _____

Recipients Amount Due: \$ _____

Denied (reason):

Notes:

Applicant Notified by (circle all that apply):

Phone

Email

Letter

On: _____