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Brookfield • Clarendon Hills • Darien • Downers Grove • Indian Head Park • La Grange
La Grange Park • Lemont • Lisle • Western Springs • Westmont • Woodridge

Fee Assistance Program Application

This form must be submitted to SEASPAR prior to the registration deadline. A registration form with a notation "Fee Assistance Applicant" should be submitted simultaneously.

Participant's Name _____ Birth Date _____

Person Completing Application _____ Relationship to Applicant _____

List programs for which you are requesting assistance:

Code	Program Name	Fee	Assistance Amount Requested (%)	Office Use Only Assistance Amount Approved (%)	Office Use Only Fee Based on Assistance Approval

Check items to indicate financial need and attach documentation:

- Household Income Number of People in Household _____
- Public Aid Aid Number _____
- Food Stamps Case Number _____
- School Lunch Program Subsidized Housing Social Security Beneficiary
- Unemployment Excessive Medical Bills Other Financial Difficulties

Give further details if necessary: _____

Are you able to make payments? Yes No Indicate how often: Every two weeks Once a month

List at least three references (social workers, church, school, health department, etc.) in order to be considered for fee assistance. In listing the references, you are giving SEASPAR permission to contact them regarding your financial need.

Contact Name	Agency	Phone Number

By signing this document, I certify that the information provided is true and complete.

Signature _____ Date _____