



SEASPAR  
DISCOVER ABILITIES  
ACHIEVE POTENTIAL  
REALIZE DREAMS

4500 BELMONT ROAD  
DOWNERS GROVE, IL 60515  
630.960.7600 F-630.960.7601  
SEASPAR.ORG

## Fee Assistance Program Application

Please complete all information requested below. This form must be submitted prior to the registration deadline.

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Person Completing Application \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**List programs for which you are requesting assistance:**

Code	Program Name	Fee	Assistance Amount Requested (%)	Office Use Only Amount Approved (%)	Office Use Only Amount Approved (\$)

**Attach additional pages as necessary.**

Check items to indicate financial need, provide details, and attach documentation:

- Household Income (Monthly Amount) \$ \_\_\_\_\_ Number of People in Household \_\_\_\_\_
- Public Aid (Monthly Amount) \$ \_\_\_\_\_ Aid Number \_\_\_\_\_
- Food Stamps (Monthly Amount) \$ \_\_\_\_\_ 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 a reference (social worker, church, school, health department, etc.) in order to be considered for fee assistance. In listing the reference, 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 \_\_\_\_\_

*(Typing your name is an acceptable form of signature if submitting via email.)*