

**Natural Beginnings Scholarship Application
for the Program Year 2020-2021**

All information provided in this application is strictly confidential.

**Please note: All information requested in Parts 1 and 2 of the Application
must be provided in order for the Application to be considered.**

Part 1

Child's Name _____
Child Resides with (Name) _____
Relationship to Child _____
Primary Address of Child _____

Person Filling Out This Form _____
Relationship to Child _____
Telephone _____
Email Address _____

Child's Legal Guardian _____
Relationship to Child _____
Telephone _____
Email Address _____

_____ (initial) To the best of my knowledge, this child is NOT related to any employee of the Kendall County Forest Preserve District or the Natural Beginnings Program OR to any member of the Kendall County Board, the Kendall County Forest Preserve Commission, or the Forest Foundation of Kendall County.

I hereby declare that all of the information on this Application (Parts 1 and 2) are true and accurate. In addition, I understand that the Forest Foundation of Kendall County may verify the information on this Application. I understand that any person who knowingly and with intent files an Application containing false, incomplete or misleading information may have benefits revoked and be held personally responsible for all illegally obtained benefits.

Signature of Legal Guardian

Date

- Part 2 on Next Page -

Natural Beginnings Scholarship Application

for the Program Year 2020-2021

Part 2

To be filled out by legal guardian: (Check one)

_____ Filed IRS form 1040 for 2018.

_____ Did not have to file federal income tax form for the previous year.

Please attach a copy of the first page of your 2018 Federal 1040 (if applicable) with social security numbers obscured.

Please answer the following questions:

Number of people living in the household who use it as their primary residence on a permanent basis (includes adults and children) _____

Non-Taxable Income: Check those that apply to your household:

In the past year and during this year did anyone in your household receive:

___ Medicaid

___ Medicare

___ Supplemental Security Income (SSI)

___ Supplemental Nutrition Assistance (SNAP)

___ Free or Reduced Price School Lunch

___ Temporary Assistance for Needy Families (TANF)

___ Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

___ Department of Human Services – support of any kind

Type

___ Other non-taxable income not reported, such as workers' compensation or disability benefits. Describe

___ Kendall County Community Food Pantry Assistance

In the past year and during this year has anyone in your household been on active military duty? (please circle) **YES** **NO**

Applications must be received by January 31, 2020. Please mail to:

The Forest Foundation of Kendall County

P. O. Box 143
Yorkville, IL 60560