



Forest Foundation of
KENDALL COUNTY

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**2019-2020 Tuition Assistance Scholarship
Natural Beginnings Early Childhood Program**

ELIGIBILITY REQUIREMENTS*

- Child must be enrolled in Natural Beginnings Program
- Resides in Kendall County
- Eligible for Free or Reduced Meals under the National School Lunch Act (<https://www.gpo.gov/fdsys/pkg/FR-2018-05-08/pdf/2018-09679.pdf>)

*No current Kendall County Forest Preserve District Commissioner, or Forest Foundation Trustee or family members or Kendall County Forest Preserve District employees' family members are eligible to apply.

HOW TO SUBMIT AN APPLICATION

Please send applications, supporting documents and all other correspondence to:
Forest Foundation of Kendall County, P.O. Box 143, Yorkville, IL 60560.

Applications must be postmarked by January 31, 2019 to be considered.

AWARD

By March 29, 2019 the Forest Foundation of Kendall County will grant one scholarship in the amount of \$800 to one child enrolled in the Natural Beginnings Program.

SCHOLARSHIP PAYMENT

A Forest Foundation of Kendall County check will be paid directly to the Kendall County Forest Preserve District on behalf of the Scholarship recipient to reduce the quarterly tuition payments by \$200.00 for the 2019-2020 program year.

DEADLINE FOR SUBMISSION OF APPLICATIONS

Applications must be postmarked no later than January 31, 2019. The deadline for submissions will be strictly observed. Incomplete applications will not be considered.

**2019-2020 Natural Beginnings Early Learning Program
Forest Foundation of Kendall County Scholarship Application
Part 1**

Application to be considered for the program year beginning Fall of 2019

Child's Name _____
Child's Date of Birth _____
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 Early Learning Program **OR** to any member of the Kendall County Forest Preserve District Board of Commissioners, 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 Parent or Guardian

Date

**2019-2020 Natural Beginnings Early Learning Program
Forest Foundation of Kendall County Scholarship Application
Part 2**

All information provided in this application is considered 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.

To be filled out by legal guardian:

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

_____ Filed IRS 1040 – 1040A – 1040EZ for the previous year. (Circle the one that applies)

Please attach a copy of the first and last pages of your federal income tax form from the previous year.

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) _____

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 untaxed income not reported, such as workers' compensation or disability benefits – Describe _____

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