



After School Activity Program



**Family Network
After School Activity Program
Assessment Form 11-12**

Founded in 1982 by early childhood professionals, the mission of Family Network, a Family Focus Center, is to promote the well being of children from birth by supporting and strengthening their families in and with their communities. The After School Activity Program (ASAP) is for working families with children in grades K-5, attending Wayne Thomas, Oak Terrace, Indian Trail, Lincoln and Ravinia schools. The program offers free play, discussion time, science, snacks, games, arts & crafts projects, homework time, and indoor & outdoor active play

Application Guidelines:

1. The family must live within the boundaries of School District #112 and attend Wayne Thomas, Oak Terrace, Indian Trail, Lincoln, or Ravinia.
2. Both parents (or parent, if separated or divorced) must be working, or attending school or a job training program during the hours of the child care program. Special circumstances will be considered.
4. Send a completed application along with supporting documentation (see application form for details) to Family Network, 330 Laurel Ave., Highland Park, IL 60035, Attn: Bobbie Hinden, ASAP Director.
5. Register your child with Family Network's After School Activity Program, as registration form indicates.
6. If you have questions about your eligibility or how to complete this application, please call: Bobbie Hinden at 847-433-0377.

All information submitted will be held in strict confidence.



**Family Network
After School Activity Program
Scholarship Application**

A. CONTACT AND FAMILY INFORMATION: Applicant Last Name: _____

1. Parent/Responsible Party

Parent/Responsible Party

Family Name		
Relationship to Child		
Parent Full Name		
Home Address		
Home Phone		
Cell Phone		
Employer		
Business Phone		
Business Address		
Full Time Part Time	Please Circle One	Full Time Part Time
Social Security Number		

2. Applicant's Marital Status:
 Single Married Separated Divorced Widowed

3. What is your family size (This includes applicant, spouse/partner, and children)? _____

4. Children Living in Your Household:

Name	Age in Fall	Grade	Is He/She In Childcare Other Than ASAP?	Registered For ASAP?	# Days/Week Needed?

5. Others Living in the Household:

Name	Age	Date of Birth	Relationship to Applicant?	Claimed as Dependent?

6. Please explain your current child care arrangements for all of your children:

B. FINANCIAL INFORMATION:

1. Every family who qualifies for financial assistance is asked to contribute a portion of the tuition fees. **Monthly** fees are payable on the 15th of the previous month for ASAP and are as follows:

- \$320/5 days per week
- \$270/4 days per week
- \$210/3 days per week

Based on the above information, how much are you able to pay per month per child? _____

2. Gross Income: _____ (Please Circle) Annual Monthly Weekly

3. Child Support/month: _____

4. Disability Income received by any member of the household:

For whom: _____ Amount per month: _____

5. Public Assistance received by any member of the household:

Public Aid: _____ ADC: _____ Food Stamps: _____

6. Please complete the expenses chart below.

Expenses:	Monthly Amount	Or Yearly Amount
Rent or Mortgage:		
Transportation: Car payment(s)		
Public transportation:		
Health Insurance, not paid by employer:		
Tuition: ASAP		
Child Care (other than ASAP children):		
Unreimbursed Medical/Dental:		
Other (specify):		
Total:		

7. How would it effect your family if you did not receive a scholarship? _____

8. Attached to this application, please include one of the following for verification of wages for both the applicant, as well as for your spouse, if applicable. (Please check one):

- a. A copy of your 2010 federal income tax return to verify income.
- b. A completed Wage Verification Form, including employer's signature.
- c. Three copies of your most recent check stubs from employer(s).

I certify that all the information supplied on this application is true and correct to the best of my knowledge and belief. I understand that if any of the above information is found to be false, my scholarship will be terminated. Also, I certify that I have read and signed the tuition policy form given to me in my registration packet by Family Network/ASAP.

I understand that if my financial status changes, I must report the change to Family Network.

Parent/Guardian Signature

Date

Please return this application and attachments to Family Network, 330 Laurel Ave., Highland Park, IL 60035, Attn: Bobbie Hinden.