

**LOMBARD PARK DISTRICT**  
**District-Wide**  
**Recreation**

**5.116 Active Duty Military Financial Aid**

**MISSION**

It is the Lombard Park District's mission to provide quality leisure opportunities for people to enjoy life including those people that cannot supply for themselves or are faced with hardship due to a family provider serving in the military.

**QUALIFICATIONS FOR Active Duty Military Program**

All applicants must reside within the boundaries of the Lombard Park District. A copy of the set of orders stating that you or a family provider is assigned to active duty must be presented with your application.

**PROCEDURE**

Persons requesting funds from the Active Duty Military Program must complete the appropriate application form, attach it to a completed program registration form and submit both to Sunset Knoll Recreation Center, 820 S. Finley Road, Lombard, IL 60148.

**LIMITS ON Active Duty Military Program**

1. The Program is available for all recreation programs, except for contractual programs (examples: trips, Illinois Shotokan Karate Club classes).
2. Participants must follow regular Lombard Park District registration procedures.
3. The Active Duty Military Program funds are limited to a maximum of \$500 per household per year.

**APPLICATION GUIDELINES**

1. The Park District recognizes that the information furnished by applicants for Active Duty Military Program is confidential and the Park District will not release this information without the applicant's written permission unless such release is required by law.
2. All information on the application must be true and accurate. False information supplied by the applicant will nullify the request for Active Duty Military Program funds from the Park District.

**LOMBARD PARK DISTRICT  
Active Duty Military Financial Aid  
Application Form**

This form must be completed and attached to a completed program registration form along with the set of orders from the branch of military service applicant serves and submit it to Sunset Knoll Recreation Center, 820 S. Finley Road, Lombard, IL 60148. Upon verification of information supplied on this form, applicant will be notified as to the disposition of their request.

Name of Program Participant(s):

First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Person Completing Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of people living in household \_\_\_\_\_

I certify that the above information is true and correct and understand that its accuracy may be verified. I agree to repay, in full, any Active Duty Military Program funds based upon falsified information.

\_\_\_\_\_  
Signature of Person Completing Application

\_\_\_\_\_  
Date

.....  
**(FOR OFFICE USE ONLY)**

Date Application Received \_\_\_\_\_

Applicant Notified \_\_\_\_\_ Date of Notification \_\_\_\_\_

\_\_\_\_\_  
Signature of Deputy Director