



Ken-Rock Community Center Youth Program  
Fee Assistance Application

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Total Number of Members in Household \_\_\_\_\_

Please list Full Names of Household Members

1. Name \_\_\_\_\_ DOB \_\_\_\_\_ 2. Name \_\_\_\_\_ DOB \_\_\_\_\_

3. Name \_\_\_\_\_ DOB \_\_\_\_\_ 4. Name \_\_\_\_\_ DOB \_\_\_\_\_

5. Name \_\_\_\_\_ DOB \_\_\_\_\_ 6. Name \_\_\_\_\_ DOB \_\_\_\_\_

7. Name \_\_\_\_\_ DOB \_\_\_\_\_ 8. Name \_\_\_\_\_ DOB \_\_\_\_\_

I certify the above information is true and correct, and all names listed are family members residing in my home:

Signature of Parent or Guardian \_\_\_\_\_

Verification of Current Dated Information:

Paystub Verification \_\_\_\_\_

Unemployment Verification \_\_\_\_\_

WIC Verification \_\_\_\_\_

CCAP Verification \_\_\_\_\_

Medical Card \_\_\_\_\_

Documents verified by \_\_\_\_\_ Date \_\_\_\_\_

Household Size	Monthly Gross Income
1	\$ 1,967
2	\$ 2,658
3	\$ 3,349
4	\$ 4,039
5	\$ 4,730
6	\$ 5,421
7	\$ 6,111
8	\$ 6,802
Based on Federal 2021 Guidelines	

625 Adams Street Rockford, IL 61107

website: kenrock.org

815-398-8864

***“Celebrating 90 years of serving the Rockford community”***