



Croatia Chicago SC INC

Fee Waiver Application Form

Personal Information

- Full Name: _____
- Date of Birth: _____
- Address: _____
- City/State/Zip: _____
- Phone Number: _____
- Email Address: _____

Financial Information

- Current Employment Status: () Employed () Unemployed () Part-Time
- Monthly Income: \$ _____
- Number of Dependents: _____

Statement of Financial Hardship

Please describe the nature of your financial hardship and why you are requesting a fee waiver.
Attach additional pages if necessary.

Required Documentation

Please attach the following documents to verify your financial situation:

- Proof of income (e.g., recent pay stubs, unemployment benefits statement)
- Recent bank statements
- Documentation of any government assistance (e.g., SNAP, Medicaid)
- Other relevant financial documents

Program Information

- **Program Applying For:** _____
- **Start Date of Program:** _____

Declaration

I hereby declare that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may result in the denial of my application or future legal action.

- **Signature:** _____
- **Date:** _____

Office Use Only

- **Application Received By:** _____
- **Date Received:** _____
- **Decision:** () Approved () Denied
- **Waiver Amount Granted:** _____
- **Comments:** _____

Submission Instructions

Please submit this completed form along with all required attachments to the office of Croatia Chicago SC INC via email to culina.damir@gmail.com.