

# **Scholarship Program**

The West Chicago Park District Scholarship Program is designed to provide financial assistance to residents of the West Chicago Park District in need, to enable them to participate in our District's programs and/or facilities.

Based on the availability of funds, the West Chicago Park District will attempt to provide financial assistance to those who meet the eligibility requirements. Assistance will be based on need and availability of funds. Funds will be awarded on a first come-first served basis. The West Chicago Park District reserves the right to approve or deny an applicant's request.

### Requirements

- Financial Assistance is only available to residents who reside within the West Chicago Park District boundaries.
- The West Chicago Park District utilizes the guidelines for the Supplemental Nutrition Assistance Program set forth by the Illinois Department of Human Services (IDHS) as a basis for approval or denial. A link to IDHS guidelines can be found on our website.
- The scholarship application must be filled out completely and returned with all required proper
  documentation. Scholarship applications can be dropped off at the ARC Center's front desk, mailed in, or
  emailed to <a href="mailto:info@we-goparks.org">info@we-goparks.org</a>. Submittal of application does not constitute approval. Please allow 7
  business days to process your request.
- A new application is required annually in concurrence with the West Chicago Park District's fiscal year; May 1 through April 30. All awarded scholarship funds will expire on April 30 of each year.
- Applicants must fully utilize the program or membership they registered for. Applicants not fully utilizing the program/membership will not be allowed scholarship money in the future.
- Scholarship criteria and guidelines are subject to change without notification.

#### **Scholarship Funds**

- Scholarship funds can cover up to 50% of the cost of a *Program/Membership* or *Childcare Program*. Participants will be responsible for the remaining cost of at the time of registration.
- Scholarship funds cannot be utilized for Rentals, Birthday Parties, Daily Admission, Open Gym or Ticketed Events.
- The maximum scholarship amount for the *Program/Membership* and *Childcare Program* option is \$400 per household, per year.
- Scholarship funds cannot be applied for monthly EFT payments for memberships or programs.
- If approved for the *childcare program* option, a processing fee and required participant information paperwork is due at the time of registration for the following programs: Before/After School, Summer Camp, Keppler Learning Center. Registration must take place by the specific program's deadline.



# **Scholarship Application**

| Applicant Information        |          |                           |             |            |             |  |
|------------------------------|----------|---------------------------|-------------|------------|-------------|--|
| Applicant Name:              |          |                           |             | Date o     | of Birth:   |  |
| Address (City, State, Zip):  |          |                           |             |            |             |  |
| Home Phone:                  |          |                           | Cell Phone: |            |             |  |
| Email Address:               |          |                           |             |            |             |  |
| Marital Status: (Select One) | □ Single | □ Married                 | □ Widowed   | □ Divorced | □ Separated |  |
| Housing Status: (Select One) |          | r □ Rent<br>se describe): |             | •          |             |  |
|                              |          |                           |             |            |             |  |

#### **Scholarship Type Requested:** (Select one. Cannot be altered once application is submitted)

- o Program/Membership
- o Childcare program (circle desired program(s): Before/After School, Summer Camp, or Keppler Learning Center)

# Please list names and ages of all dependents in the household including Spouse/Partner

|                         |                       | Date of | *Grade and Name of | Relationship to |
|-------------------------|-----------------------|---------|--------------------|-----------------|
| *Dependent's First Name | Dependent's Last Name | Birth   | School             | Applicant       |
|                         |                       |         |                    |                 |
|                         |                       |         |                    |                 |
|                         |                       |         |                    |                 |
|                         |                       |         |                    |                 |
|                         |                       |         |                    |                 |
|                         |                       |         |                    |                 |
|                         |                       |         |                    |                 |
|                         |                       |         |                    |                 |

<sup>\*</sup> Dependents must be legally defined as such.

<sup>\*</sup> Grade in School and Name of School must be listed for school aged children

# **Document Verification**

Copies of all documents must be included with application. Applications without required documentation will be returned via USPS.

Choose One: Option A or B

| Option A (please select one item from below)            | Option B (please select two items from below) |
|---|---|
| □ Valid Driver's License with your West Chicago Address | □ Voter Registration Card                     |
| □ Valid State-Issued ID with your West Chicago Address  | □ Tax bill                                    |
|   | □ Current Lease                               |
|   | □ Vehicle Registration                        |
|   | □ Home Phone Bill                             |
|   | □ Utility Bill                                |

#### Income

Choose One: Option A, B, or C

| OPTION A   |
|--|
| <ul> <li>Most recent SNAP/TANF award letter (Note: All dependents listed on your application must also be<br/>listed on SNAP/TANF award letter)</li> </ul> |
|  |

|  | OPTION B   |
|--|--|
|  | <ul> <li>Most recent Federal tax return (Note: Children must be listed as dependents)</li> </ul> |

| OPTION C (both sides required)                                 |  |  |
|--|--|--|
| Proof of Guardianship (Provide one for each child)             | Proof of Income (Provide all available)                          |  |
| □ Birth Certificate  | <ul> <li>1 month of paycheck stubs for all qualifying</li> </ul> |  |
| <ul> <li>Court ordered letter awarding guardianship</li> </ul> | individuals  |  |
| □ Student Record   | <ul> <li>Unemployment compensation</li> </ul>                    |  |
|  | □ Child support  |  |
|  | □ Social Security/Disability                                     |  |
|  | □ Current link statement   |  |
|  | <ul> <li>Other sources of income</li> </ul>                      |  |

# **FOR OFFICE USE ONLY:**

Scholarship Status:

- o Approved
- o Declined (Reason)

Signature of approving Representative\_\_\_\_\_\_ Date \_\_\_\_\_