



**Special
Recreation
Services of
Northern
Lake
County**

SRSNLC- Waukegan Park District
Financial Assistance Application

CONFIDENTIAL

Date of Application: _____

PURPOSE

- Financial assistance is available to assist SRSNLC - Waukegan Park District residents wishing to participate in programs and services who would not otherwise have the resources to participate.

ELIGIBILITY

- This is for SRSNLC participants only.
- Must be a Waukegan Park District Resident (a copy of a current bill indicating current address must be attached to this request).
- Financial assistance is income based. Criteria for income eligibility follows the US Department of Health and Human Services Poverty Guidelines. (Further information can be found at <http://www.hhs.gov/>)
- First come first served basis.

GUIDELINES

- Complete Financial Assistance Application in its entirety and include any supporting documents (i.e. recent tax filings, pay stubs, government assistance Social Security, unemployment check stubs, etc.).
- Applications may be completed for up to two family members. If assistance is needed for more than two members a separate application must be completed.
- Completed applications must be turned in one month prior to the start of the program/activity.
- Response to completed assistance applications will be made within 14 working days of the request.
- Refunds and pro-rates will not be granted on payments made prior to Financial Assistance approval.
- Send to SRSNLC- Waukegan Confidential Scholarship Application(s) to: SRSNLC - Waukegan Park District, 2000 Belvidere Road, Waukegan, IL 60085.
- If you have any questions, please call (847)360-4760.

Please note we would like to support all requests, however, many applications are received throughout the year. Therefore, we must limit the amount of financial assistance per family in order to accommodate as many families as possible.

All Household Income Verification List

- Employment Check Stubs
- Unemployment Check Stubs
- Social Security (SS)
- Supplemental Security Income (SSI)
- Disability Social Security
- Food Stamps
- Free or Reduced Price School Lunch
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Child Support paid or received
- Catholic Charities
- Medicaid / Medicare
- Section 8 (Waukegan Housing Authority Paperwork)
- Support from DCFS
- Government Assistance
- Public Aid
- Pension
- **UNTAXED INCOME**
 - Payments to tax-deferred pension and savings plans
 - IRA deductions and payments of self-employment SEP, SIMPLE and Keogh
 - Tax exempt interest income
 - Untaxed portions of IRA distributions
 - Untaxed portions of pensions
 - Housing, food and other living allowances paid to members of the military, clergy and other
 - Veterans non-education benefits
 - Hope and Lifetime Learning tax credits
 - Taxable earnings for work-study, assistantships, or fellowships
 - Grand and scholarship aid reported to the IRS
 - Combat pay or special combat pay
 - Cooperative education program earnings
 - Untaxed income not reported such as workers' compensation or disability
- Any other Household Income Not Listed Above

**SPECIAL RECREATION SERVICES OF
NORTHERN LAKE COUNTY – WAUKEGAN**

2000 Belvidere Street, Waukegan, Illinois 60085
(847) 360 – 4760

CONFIDENTIAL SCHOLARSHIP APPLICATION

Good for 1 Calendar Year

Name of Participant (s)	Birth Date(s)
1) _____	_____
2) _____	_____

Parent / Guardian Name	Home Phone Number	Cell Phone Number	Work Phone Number
_____	_____	_____	_____

Mailing Address	City	Zip Code
_____	_____	_____

Residence Address (not a P.O. Box)	City	Zip Code
_____	_____	_____

E-mail Address	_____
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Specific Disability / Special Needs	_____
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Number of Individuals in the Household	_____
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What is the total income for your household per year? Check one:

Under \$5,000	\$5,000 - \$10,000	\$10,000 - \$15,000	\$15,000 - \$20,000	\$20,000 - \$30,000	\$30,000 - \$40,000	\$40,000 - \$50,000	Over \$50,000
_____	_____	_____	_____	_____	_____	_____	_____

***Refer to the “All Household Verification List: to complete the following section.**

Does anyone in the household receive any of the following?

Type of Aid	Yes	No	If yes, please indicate amount received per month?
Catholic Charities			
Child Support			
Food Stamps			
Lunches at School (% off or Free)			
Medicaid / Medicare			
Section 8			
Social Security			
Support from DCFS			
Unemployment			
Other Public Aid:			

Does your family have any unusual doctor bills that would prevent your paying for program? If yes, you must complete the comment section	Yes	No
Comments : _____ _____ _____		

Do you or anyone in the household have a job?

Yes	No
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If yes what kind?

Full –Time Salary	Part – Time Salary	Full –Time Hourly	Part – Time Hourly
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Why is this Scholarship necessary? _____

If your scholarship is not approved, is it possible for you to make partial payment over several weeks or months?

Yes	No
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Would you be interested in the partial payment option?

Yes	No
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I am willing to volunteer at Special Recreation fundraising event(s) and other events for at least one year for receiving scholarship money?

Yes	No
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Initial	I understand the following:
	<ul style="list-style-type: none"> All information given will be kept confidential.
	<ul style="list-style-type: none"> This application information will be evaluated to determine whether I qualify for assistance.
	<ul style="list-style-type: none"> The awarding of money will be determined by need and the availability of funds on an individual basis. Awarded scholarship total may change each season within the year based upon program registration and request.
	<ul style="list-style-type: none"> I need to <u>keep my awarded scholarship information confidential.</u>
	<ul style="list-style-type: none"> I will be asked and highly encouraged to volunteer at Special Recreation fundraising events and other events for at least one year, upon receiving scholarship money.
	<ul style="list-style-type: none"> I must make SRSNLC – Waukegan aware of any changes in our financial status immediately.
	<ul style="list-style-type: none"> Full amount of registration fees must be paid prior to the end of the program session / month / season.
	<ul style="list-style-type: none"> I have answered all the questions honestly and to the best of my knowledge. All the information I have provided is true, complete and correct.

Signature:	Date:
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**SPECIAL RECREATION SERVICES OF
NORTHERN LAKE COUNTY – WAUKEGAN**

2000 Belvidere Street, Waukegan, Illinois 60085
(847) 360 – 4760

SEASONAL CONFIDENTIAL SCHOLARSHIP REQUEST

Programs for which you are seeking assistance:

Program Name	Number	Fee

Amount of Scholarship requested \$ _____
(Attach registration request)

If your scholarship is not approved, payments will be made and in what amounts:

Paid On	Amount

- Full amount of registration fees must be paid prior to the end of the program session / month / season.
- I verify all information on my scholarship form is correct and up to date:

Signature:	Date:
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