

WAUKEGAN PARK DISTRICT

FY _____

Jack Benny Center for the Arts Scholarship Application Form

Please type or print neatly. Please read Scholarship Guidelines on the reverse side before completing this form. Complete volunteer application and agreement forms and return with registration form, scholarship application form, two letters of recommendation, scholarship checklist and latest income tax forms. Must be a resident of the Waukegan Park District. The Waukegan Park District awards scholarships without regard to race, creed, color, sexual orientation, or national origin.

Family Name: _____

Address _____ City/Zip _____

Student #1
Name _____ DOB _____ School/Grade: _____

Student #2
Name _____ DOB _____ School/Grade: _____

Student #3
Name _____ DOB _____ School/Grade: _____

Mother's Name: _____ Phone: _____

Address (if different from above): _____

Father's Name: _____ Phone: _____

Address (if different from above): _____

Are you currently (or previously) enrolled in classes at Jack Benny Center? Yes No
If yes, with whom and when did you study? _____

Have any members of your family received a scholarship from the center? Yes No
Who? _____

Scholarship Application Checklist

- | | | | |
|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> Completed Scholarship Application Form | <input type="checkbox"/> | <input type="checkbox"/> | Two letters of recommendation for each student* |
| <input type="checkbox"/> Read Scholarship Guidelines | <input type="checkbox"/> | <input type="checkbox"/> | Copy of most recent Federal Income Tax Return |
| <input type="checkbox"/> Completed Registration Form | <input type="checkbox"/> | <input type="checkbox"/> | I have blocked out all SSN on forms |
| <input type="checkbox"/> Completed Volunteer Agreement | <input type="checkbox"/> | <input type="checkbox"/> | Fill out top portion of Scholarship Checklist |
| <input type="checkbox"/> Completed Volunteer Application | <input type="checkbox"/> | <input type="checkbox"/> | Checklist is complete |

*Letters of recommendation must include: Name, phone number, address and email of person writing the recommendation – If this information is not included, the recommendation cannot be accepted. Recommendations from family members or parents/guardians of the student are not acceptable.

Your scholarship package must be complete before the committee can make a determination of the scholarship to be awarded. Staff will contact student/parent within 4-8 days regarding the scholarship.

Please attach a copy of your family's latest Federal income tax return. (Please block out all Social Security Numbers before submitting tax forms using black permanent marker on front and back of numbers).

We CANNOT accept any forms where the SSN can be seen.

Applications must be received in the complete form no less than two weeks prior to the 1st class for which the scholarship is being sought. Incomplete applications cannot be considered.

Signed _____

Date _____

WAUKEGAN PARK DISTRICT

Cultural Arts Division Scholarship Guidelines

The following guidelines have been established to aid in the process of awarding scholarships to students of Jack Benny Center for the Arts. Parent/Student must be resident of the Waukegan Park District. Exceptions to these requirements may be made only with the approval of the Superintendent of Cultural Arts. No student receives a full scholarship. A partial payment must be made to secure registration.

- Age** Any student five (5) years of age to 18 is eligible to apply for a scholarship.
- Income** There is no specific income requirement. However, the request should include a copy of the family's most recent Federal Income Tax return to verify income. All information will remain confidential and be reviewed exclusively by the scholarship committee to determine need. All Social Security numbers must be blacked out or the form cannot be accepted.
- Area of Study** The student must pursue an area of study provided at the Jack Benny Center for the Arts: i.e., music, dance, drama, literary arts, digital photography or visual arts.
- Recommendations** The student must provide two written letters of recommendations. Both recommendations must be from either a teacher, art instructor, community member, church member or from a faculty member of Jack Benny Center. Relatives should refrain from submitting recommendations. Recommendation letters need a name, address, phone number, and relationship to the student. The two letters must accompany the application and other forms in order to be reviewed.
- Scholarship Requirements** The student and the student's parent or guardian volunteers to serve a total of two hours at Jack Benny Center for every eight (8) week term, four (4) hours for each sixteen-week dance term, in which a scholarship is received. This service may include, but not limited to: performing in a student recital, serving as an usher at a performance in the Schornick Theatre; i.e. Bowen Park Theatre performances, helping with mailings, assist in the music library, and fundraisers or other clerical jobs. Applications must be presented in complete form no less than two weeks before the first class session for which scholarship funding is being requested. Late and incomplete applications cannot be accepted or reviewed. Attendance must be consistent or the scholarship may be revoked.
- Granting of Scholarships** Scholarships are granted by the Scholarship Committee, whose members include the Superintendent of Cultural Arts, a staff member of Jack Benny Center for the Arts, and any others named by the Waukegan Park District.
- The Scholarship Committee meets as needed to review applications and recommend scholarships. The amount of a scholarship will not normally exceed fifty percent (50%) of the cost of the program for which the student is enrolled. It is the right of the committee to elect to grant no scholarship based on the application submitted.
- The amount of scholarship money granted in one year will not exceed the amount of interest earned on the scholarship endowment fund for a year. The Superintendent of Cultural Arts determines the number of scholarships available based on funds.

Questions regarding the scholarship program should be directed to the Superintendent of Cultural Arts either in writing or by calling 847-360-4740.

If you are able to make a financial contribution to help support these scholarships, we would be happy to discuss a possible donation to the Jack Benny Center Scholarship Fund with you.

Jack Benny Center for the Arts is the home of the Waukegan Park District's Cultural Arts Division

REGISTRATION FORM



Please print clearly and fill out this form completely.

Have you ever registered for a Waukegan Park District program? YES NO Are you a Waukegan Park District resident? YES NO

PARENT'S NAME/PAYER'S NAME						
STREET NUMBER	STREET DIRECTION <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	STREET NAME		STREET TYPE <input type="checkbox"/> AV <input type="checkbox"/> RD <input type="checkbox"/> ST OTHER:		
ADDRESS 2 (P.O. BOX, APARTMENT NUMBER)						
CITY			STATE	ZIP		
HOME PHONE			WORK PHONE			
EMERGENCY CONTACT PERSON			EMERGENCY PHONE			
PARTICIPANT'S NAME (FIRST, M.I. LAST)		SEX	BIRTHDATE	PROGRAM #	PROGRAM NAME	FEE
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /			
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /			
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /			
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /			
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /			
METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> <input type="checkbox"/>		CARD NUMBER		EXP. DATE	<input type="checkbox"/> SCHOLARSHIP <input type="checkbox"/> DISCOUNT <input type="checkbox"/> GIFT CERTIFICATE	-
NAME (PRINT AS IT APPEARS ON CARD)		SIGNATURE X		TOTAL \$		

The Waukegan Park District welcomes individuals with special needs into programs. Please describe any accommodations needed for successful inclusion in the program(s): _____

Important Information

The Waukegan Park District (hereinafter referred as WPD) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in the highest possible regard. The WPD continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the below listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the WPD to guarantee absolute safety.

Waiver and Release of all Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing any and all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in these programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in any and all programs/activities against the (WPD), including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

X

SIGNATURE OF PARENT, GUARDIAN OR PARTICIPANT

DATE

PRINT NAME OF PARENT, GUARDIAN OR PARTICIPANT

EMPLOYEE ACCEPTING REGISTRATION

IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN OF YOUR MINOR CHILD/WARD AND DATE ARE NOT ON THIS WAIVER, PARTICIPATION IN ACTIVITIES/PROGRAMS WILL BE DENIED.

**WAUKEGAN PARK DISTRICT
Volunteer Agreement**

Please read this agreement carefully so that you fully understand your role and duties as a volunteer.

The Waukegan Park District very much appreciates your willingness and commitment to donating your time and talents to this our agency. Volunteers make a significant difference and we thank you for your participation in any and all volunteer activities. As a volunteer, you serve as an ambassador of our agency and are expected to comply with applicable policies, procedures, and guidelines designed to maintain a positive image of our Park District and to facilitate safe and efficient use of volunteer services. Persons wishing to volunteer for the Park District must agree and comply with the following terms and conditions:

I agree to serve as a volunteer for the Waukegan Park District. I will observe the ordinances, policies and procedures of the Waukegan Park District while I am volunteering. I agree and understand that I am responsible for complying with supervisory directive from the Waukegan Park District staff or staff from other organizations who are jointly running any event/program which I agree to volunteer for. I understand that I may terminate my volunteer services for the Park District at any time and for any reason or no reason at all, with or without notice, and the Waukegan Park District retains the same right.

I understand and acknowledge that volunteers are not covered under the workers' compensation insurance of the Waukegan Park District and that the Park District recommends that volunteers should review their own health insurance policy for coverage. I further understand that the absence of health insurance does not make the Waukegan Park District or any other organizations who are jointly running this event/program responsible for the payment of medical expenses not related to the volunteer services. I understand that the Park District does provide limited volunteer medical accident coverage for injuries arising out of and within the scope of my volunteer services. However, such coverage is excess of any other available health insurance and shall not contribute with it. Each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this language carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward may sustain as a result of participating in any and all activities connected with and associated with your (or your minor child/ward's) volunteer services (including transportation services, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in any volunteer activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I (or my minor child/ward) may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I (or my minor child/ward) may have (or accrue to me or my minor child/ward) as a result of my volunteer services against the Waukegan Park District and any joint sponsor(s) including their respective officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I (or my minor child/ward) may have or which may accrue to me (or my minor child/ward) and arising out of, connected with, or in any way associated with my (or my minor child/ward's) volunteer services.

I further agree and understand that this waiver and release of all claims and assumptions of risk is valid and enforceable through December 31st of the calendar year noted below and shall apply to any and all volunteer activities and services I participate in during this calendar year.

I have read and understand the above agreement and waiver and release of all claims and assumption of risk and agree to its terms. If submitting information on-line or via fax, my on-line e-mail or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT CLEARLY

FIRST NAME	LAST NAME

ADDRESS	CITY	State	ZIP

PHONE #	E-MAIL ADDRESS

EMERGENCY CONTACT	PHONE NUMBER

ARE YOU AFFILIATED WITH A SERVICE ORGANIZATION?
<input type="checkbox"/> No <input type="checkbox"/> Rotary <input type="checkbox"/> Police Alumni <input type="checkbox"/> Harris Bank <input type="checkbox"/> College of Lake Co. <input type="checkbox"/> Other _____

SIGNATURE	DATE	AGE
		<input type="radio"/> Under 18 <input type="radio"/> 18+

(IF UNDER 18 GUARDIAN MUST SIGN)

(THIS INFORMATION SHOULD BE UPDATED ANNUALLY – expires Dec 31st of current year)

**WAUKEGAN PARK DISTRICT
Volunteer Application**

Name (print legal name): _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Cell Number: (____) _____

E-mail Address: _____ @ _____ (Please Print Clearly)

Birth Date: ____ / ____ / ____

Have you ever volunteered at the Waukegan Park District/SRSNLC before? (circle) yes no

Specific Areas/Programs Interested in volunteering for: _____

Age groups interested in working with: _____

Any special experiences or skills: _____

Days, dates, times I am willing to volunteer (circle all): *M T W Th F S Su*

dates available: _____

times available: _____

References:

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____
Relationship: _____

Supervisor contacted this reference <input type="checkbox"/> Yes <input type="checkbox"/> No
--

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____
Relationship: _____

Supervisor contacted this reference <input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify that answers given above are true and complete to the best of my knowledge. I authorize background check to be completed to determine qualifications related to the volunteer position, according to Waukegan Park District Policies. I understand that this application is for a volunteer position only and does not guarantee a volunteer position or act as a contract in any way.

Signature Required: _____ Date _____

<p>Supervisor Completes: Supervisor's name _____</p> <p>*****make sure the Volunteer Agreement is also completed and all signatures in places*****</p> <p>This volunteer will:</p> <p><input type="checkbox"/> be in a one-on-one with children <input type="checkbox"/> be responsible for money <input type="checkbox"/> be given keys or access to secure areas</p> <p><input type="checkbox"/> be given access to the computer <input type="checkbox"/> drive a park district vehicle <input type="checkbox"/> none of the previous</p> <p>*****Attach Job Duties page *****</p> <p>Additional Paperwork required:</p> <p><input type="checkbox"/> Supplemental Form <input type="checkbox"/> Drivers check-ride <input type="checkbox"/> Volunteer Orientation <input type="checkbox"/> EOP for Facility or Event</p>
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Waukegan Park District
Jack Benny Center for the Arts
SCHOLARSHIP CHECKLIST

STUDENT NAME #1: _____

STUDENT NAME #2: _____

STUDENT NAME #3: _____

PARENT NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

PLEASE COMPLETE TOP PORTION OF THIS FORM ~ THANK YOU

FOR OFFICE USE ONLY:					
PRIVATE MUSIC	___SU	___EF	___LF	___W	___SP
DANCE	___E/LF		___W/SP		
FORM COMPLETE	<input type="checkbox"/>		REGISTRATION FORM	<input type="checkbox"/>	
VOLUNTEER APPLICATION	<input type="checkbox"/>		VOLUNTEER AGREEMENT	<input type="checkbox"/>	
LETTERS OF RECOMMENDATION (2)	<input type="checkbox"/> <input type="checkbox"/>		FEDERAL TAX RETURN	<input type="checkbox"/>	
ACCEPT	<input type="checkbox"/>		DECLINE	<input type="checkbox"/>	
%	\$ /SESSION	\$	STUDENT'S FEES	\$	/SESSION
			TOTAL JBC	\$ _____	
<i>INDICATE DATE AND TIME/INITIAL:</i>					
CALL #1 _____					
CALL #2 _____					
LETTER SENT TO: _____					
MAILED _____			RESPONSE _____		
VOLUNTEER HOURS REQUIRED _____ /SESSION					
<i># HOURS COMPLETED/INITIAL:</i>					
PRIVATE MUSIC	___SU	___EF	___LF	___W	___SP
DANCE	___E/LF		___W/SP		
ATTENDANCE #1	___SU	___EF	___LF	___W	___SP
	___E/LF		___W/SP		
ATTENDANCE #2	___SU	___EF	___LF	___W	___SP
	___E/LF		___W/SP		
ATTENDANCE #3	___SU	___EF	___LF	___W	___SP
	___E/LF		___W/SP		
SIGNED/DATED _____					
SIGNED/DATED _____					

