



Waukegan Park District Financial Assistance Application

CONFIDENTIAL

Date of Application: _____

PURPOSE

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

ELIGIBILITY

- 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 (see bottom of page 5). More information can be found at <http://www.hhs.gov/>.
- Confidential Scholarship Applications are addressed on a first come first served basis and looked at case by case basis.

GUIDELINES

- Complete Financial Assistance Application in its entirety and bring with you any supporting documents (i.e. recent tax filings, pay stubs, government assistance Social Security, unemployment check stubs, etc.).
- Proof of House Hold Income must be provided for reviewing in order to process the application. See list on page 2.
- Applications may be completed for up to two family members only. If assistance is needed for more then two members a separate application must be completed.
- Completed applications must be submitted one month prior to the start of the program/activity.
- Response to completed Assistance Applications will be made within 30 working days of receiving the request.
- Refunds and pro-rates will not be granted on payments made prior to financial assistance approval.
- To return Waukegan/SRSNLC-Waukegan Confidential Scholarship Application(s) to:
 - Please put program area you are looking for on the bottom of the envelope
 - In-Person:** Belvidere Recreation Center, Jack Benny Center or Field House Sports & Fitness Center
 - Mail:** Waukegan Park District, 2000 Belvidere Road, Waukegan, IL 60085. Attention Recreation Department
- If you have any questions, please call (847)360-4700 or the department.

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.

The Waukegan Park District encourages individuals applying for financial assistance to also investigate the possibility of becoming a volunteer. We understand that not everyone will be able to volunteer. We want to make it clear that the inability to volunteer will not affect the outcome of your assistance request.

Proof of Residency

- Current Bill
- Lease Agreement (for apartment or home)
- Property Tax Statement

Proof of All Household Income Verification List

- 2 Employment Check Stubs for each job (must be current check stubs)
- 2 Unemployment Check Stubs (must be current check stubs)
- Social Security (SS)
- Supplemental Security Income (SSI)
- Disability Social Security
- Federal Income Tax Form (if self-employed you will need to provided 2 years' worth)
- Food Stamps
- 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 Voucher (Waukegan Housing Authority Paperwork)
- Support from DCFS
- Government Assistance
- Pubic Aid
- Pension/ Retirement Income
- **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 or 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

Waukegan Park District /SRSNLC-Waukegan

2000 Belvidere Street, Waukegan, Illinois 60085

(847) 360 – 4700

CONFIDENTIAL SCHOLARSHIP APPLICATION

Good for 1 Calendar Year

Parent/Guardian Applying:	Home Phone #	Cell Phone #	Work Phone #
Mailing Address		City	Zip Code
Residence Address (not a P.O. Box)		City	Zip Code
E-mail Address			

Name of Participant(s) First & Last Name	Birth Date(s)	Age
1		
2		

Household Information

Total Number of Individuals in the Household	
Number of Adult Individuals in the Household	
Number of Children in the Household	

What is the total income for your entire 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

Do you or anyone in the household have a job? Yes No

How many in the household have a job? _____

What kind of jobs do the individuals have? (Put the number of how many beside each area.)

	Salary	Hourly	Self Employed
Full – Time			
Part – Time			

Explain why you would like to be considered for financial assistance. (Include any special circumstances. You may attach additional pages if necessary.)

Has the individual(s) received financial assistance from the Park District within the past three years?

When	
What Program	
How Much	

Waukegan Park District residency proof type? _____

Programs for which you are seeking assistance please provide registration Form.

HOUSEHOLD INCOME

***Refer to the All Household Verification List on page 2 to complete the following section.** You must bring all items that pertain to your household. This is just to verify the information below is correct. *Application will not be processed unless information is shown.*

Income Verification	Yes	No	Amount	WPD Staff Initials
Employment/Unemployment Check Stubs				
Federal Income Tax Form				
Pension / Retirement Income				
Other:				

Does anyone in the household receive any of the following?

Type of Aid (Does anyone in the household receive any of the following?)	Yes	No	Amount received per month?	WPD Staff Initials
Catholic Charities				
Child Support				
SNAP				
Governmental Assistance				
Medicaid / Medicare				
Section 8				
Social Security				
Disability Social Security				
Supplemental Security Income				
Support from DCFS				
Temporary Assistance for Needy Families				
WIC				
Other Public Aid: _____				

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

Amount family is capable of paying for the Programs/Activities? \$_____

Amount of Scholarship requested \$_____

If not approved, is it possible for you to make partial payment? Yes No

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

I am willing to volunteer at events for at least one year for receiving a scholarship? Yes No

Please read the following

Initial	I understand the following:
	<ul style="list-style-type: none"> I understand the full amount of registration fees must be paid prior to the end of the program session before you can register for additional programs or programs in the next season.
	<ul style="list-style-type: none"> I certify that above information is true and completed to the best of my knowledge.
	<ul style="list-style-type: none"> I certify that I have provided all required documentation and realize that my application is NOT complete until all documentation is shown to Waukegan Park District staff to verify above information is accurate.
	<ul style="list-style-type: none"> I verify all information on my scholarship form is correct and up to date:
	<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 Events within the year receiving scholarship money.
	<ul style="list-style-type: none"> I must make Waukegan Park District / 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: _____	

DEPARTMENT OF HEALTH & HUMAN SERVICES

2017 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	Poverty guideline
1	\$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,720
8	40,860
For families/households with more than 8 persons, add \$4,140 for each additional person.	

Source: <http://aspe.hhs.gov/poverty/17poverty.cfm>

FOR OFFICE USE ONLY:

Proof of Residency was shown: ___ Yes ___ No
 Where additional documents shown for verification that was not listed above: ___ Yes ___ No
 If yes, what was the document: _____

Staff Name/Title Verifying Information: _____

Total of Income Verification: (Of items listed on page 4 please list the total amount.) \$ _____

Total of Type of Aid listed: (Of items listed on page 4 please list the total amount.) \$ _____

Total of Scholarship Requested: (Of items listed on page 4 please list the total amount.) \$ _____

Staff Reviewing Applications: _____
 Date Staff Reviewed Application: _____

Was Financial Assistance Granted: ___ Yes ___ No
 Amount Awarded: \$ _____ Date Awarded: _____