



# Waukegan Park District Financial Assistance Application

## CONFIDENTIAL

Date of Application: \_\_\_\_\_

Family Name: \_\_\_\_\_

### PURPOSE

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

### ELIGIBILITY

- Must be a Waukegan Park District Resident (a copy of a current bill indicating the current address must be attached to this request).
- Financial assistance is income-based. Criteria for income eligibility follow the US Department of Health and Human Services Poverty Guidelines (see bottom of page 2). 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; program by program; season by season; and by each area.
- There may be a program attendance requirement for scholarships for funding to be granted for programs.
- Must reapply in January at the start of the calendar year.

### 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 Household Income **must be provided** for review to process the application. See the list on page 2. *Application will NOT be processed unless information is shown.*
- Applications may be completed for up to two family members only. If assistance is needed for more than two members a separate application must be completed.
- Completed applications must be submitted one month before 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 before financial assistance approval.
- If requesting more than one area you must apply for each area by providing a copy of this form. Areas are Athletic; Aquatics; Cultural Arts; General Recreation (BASE, Summer Camp); & Special Recreation
- To return Waukegan Park District/SRSNLC-Waukegan Confidential Scholarship Application(s) to:
  - Please put the 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, 1324 Golf Road, Waukegan, IL 60087. 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 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
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### Proof of All Household Income Verification List

Provide as many that apply for you. This helps us to determine the amount of Financial Assistance you may need.

<b>INCOME</b>	<b>GOVERNMENT ASSISTANCE</b>	<b>UNTAXED INCOME</b>
<ul style="list-style-type: none"> <li>• Child Support paid or received</li> <li>• Disability Social Security</li> <li>• Employment Check Stubs for each job (must be current check stubs)</li> <li>• Federal Income Tax Form (if self-employed you will need to provide 2 years' worth)</li> <li>• Pension Income</li> <li>• Retirement Income</li> <li>• Social Security (SS)</li> <li>• Supplemental Security Income (SSI)</li> <li>• Unemployment Check Stubs (must be current check stubs)</li> <li>• Any other Household Income Not Listed Above</li> </ul>	<ul style="list-style-type: none"> <li>• Catholic Charities</li> <li>• DCFS Support</li> <li>• Food Stamps</li> <li>• Medicaid</li> <li>• Medicare</li> <li>• Public Aid</li> <li>• Section 8 Voucher (Waukegan Housing Authority Paperwork)</li> <li>• Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</li> <li>• Temporary Assistance for Needy Families (TANF)</li> <li>• Waukegan Park District Provider State Funding Approval Form</li> <li>• Any other Government Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Combat pay or special combat pay</li> <li>• Cooperative education program earnings</li> <li>• Grant and scholarship aid reported to the IRS</li> <li>• Hope and Lifetime Learning tax credits</li> <li>• Housing, food and other living allowances paid to members of the military, clergy and other allowances</li> <li>• IRA deductions and payments of self-employment SEP, SIMPLE and Keogh</li> <li>• Payments to tax-deferred pension and savings plans</li> <li>• Taxable earnings for work-study, assistantships, or fellowships</li> <li>• Tax exempt interest income</li> <li>• Untaxed income not reported such as workers' compensation or disability</li> <li>• Untaxed portions or IRA distributions</li> <li>• Untaxed portions of pensions</li> <li>• Veterans non-education benefits</li> <li>• Any other Household Income Not Listed Above</li> </ul>

### DEPARTMENT OF HEALTH & HUMAN SERVICES

THE WAUKEGAN PARK DISTRICT GOES BY THE CURRENT POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA.

YOU CAN FIND THESE CURRENT GUIDELINES AT <https://aspe.hhs.gov/poverty-guidelines>

# Waukegan Park District /SRSNLC-Waukegan

1324 Golf Road, Waukegan, Illinois 60087

(847) 360 – 4700

## CONFIDENTIAL SCHOLARSHIP APPLICATION

### Good for 1 Calendar Year

You must contact Waukegan Park District with any changes after completing this form.

Please complete the Waukegan Park Districts Seasonal Scholarship or Payment Application and provide a copy of the registration form for each program(s) you are seeking assistance for. Keep the original for future registration.

**If not completed in full application may be denied.**

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

<b>Name of Participant(s) First &amp; Last Name</b>	<b>Birth Date(s)</b>	<b>Age</b>
1		
2		

In order to be approved for scholarship you must be a Waukegan Resident and pay taxes to Waukegan Park District. To find out if you are eligible for scholarship check out <https://maps.lakecountyil.gov/maponline/>.

**Do you know if you are eligible for Scholarship?**

Yes, I know I'm eligible

I'm unsure if I'm

No, I'm not eligible

**Has the individual(s) received financial assistance from the Park District within the past three years?** Yes No

**If yes, circle which Area:**

Athletics

Aquatics

Cultural  
Arts

General  
Recreation

Special  
Recreation

What percentage for the Programs/Activities is the family the capable of paying? \_\_\_\_\_%

What percentage of Program Fee are you requesting to be awarded? \_\_\_\_\_%

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

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

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

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

How many in the household have a job? \_\_\_\_\_

Family Name: \_\_\_\_\_

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			

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

Number of Individuals in your household

Adults	Children	TOTAL

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

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Please read the following

Initial	I understand the following:
	<ul style="list-style-type: none"> <li>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.</li> </ul>
	<ul style="list-style-type: none"> <li>I certify that above information is true and completed to the best of my knowledge.</li> </ul>
	<ul style="list-style-type: none"> <li>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.</li> </ul>
	<ul style="list-style-type: none"> <li>I verify all information on my scholarship form is correct and up to date.</li> </ul>
	<ul style="list-style-type: none"> <li>All information given will be kept confidential.</li> </ul>
	<ul style="list-style-type: none"> <li>This application information will be evaluated to determine whether I qualify for assistance.</li> </ul>
	<ul style="list-style-type: none"> <li>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.</li> </ul>
	<ul style="list-style-type: none"> <li>I need to <u>keep my awarded scholarship information confidential.</u></li> </ul>
	<ul style="list-style-type: none"> <li>I will be asked and highly encouraged to volunteer at Special Events within the year receiving scholarship money.</li> </ul>
	<ul style="list-style-type: none"> <li>I must make Waukegan Park District / SRSNLC – Waukegan aware of any changes in our financial status immediately.</li> </ul>
	<ul style="list-style-type: none"> <li>Full amount of registration fees must be paid prior to the end of the program session / month / season.</li> </ul>
	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Signature:</b>	
<b>Date:</b>	

# FOR WAUKEGAN PARK DISTRICT USE ONLY

Family Name: \_\_\_\_\_

## 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	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: _____				

## FOR WAUKEGAN PARK DISTRICT SUPERVISOR OR AREA USE ONLY:

RecTrac HOUSEHOLD NUMBER: \_\_\_\_\_

Proof of Residency was shown: \_\_\_ Yes \_\_\_ No

Type of Residency Proof: \_\_\_\_\_

Were 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 or Percentage Awarded: \_\_\_\_\_

Date Awarded: \_\_\_\_\_

Was the Family Informed: \_\_\_ Yes \_\_\_ No

How and when was the family informed on what they received? \_\_\_\_\_