



# ROSELLE PARK DISTRICT

Dear Roselle Park District Resident,

Thank you for your interest in the Roselle Park District Financial Scholarship Program. The Roselle Park District does require all proper documentation to support the application in order to process the scholarship requests and confirm the level of need from the resident. The following information must be completed and attached to your application in order to be considered for scholarship funds. If the information is incomplete, it will delay the decision process. If you have any questions, please call the Roselle Park District at (630) 894-4200.

\_\_\_\_\_ Copy of current tax bill, utility bill, or valid driver's license

\_\_\_\_\_ Completed Application

\_\_\_\_\_ Completed Program Registration Form

\_\_\_\_\_ Proof of Financial need

\_\_\_\_\_ Temporary Financial Hardship Information (if applicable)

\_\_\_\_\_ Excessive Medical Bills (if applicable)

Once again thank you for your application and interest in the Roselle Park District.



# ROSELLE PARK DISTRICT

## Roselle Park District

### Financial Assistance Program Application Guidelines

(Applications are for families with children 17 and under)

The Roselle Park District is committed to providing outstanding recreational opportunities for all residents in our community. The Park District also feels strongly that all resident youth ages 17 and under should be afforded the opportunity to participate in recreation programs no matter their financial ability. The Park District Scholarship fund was developed to assist individual residents with limited financial resources. Families who meet requirements are eligible for 50% financial assistance. Eligibility will be determined through a formal application process. The Park District may be unable to support all requests since the annual appropriation of scholarship funds available is limited. Need and the availability of funds in the Park District budget will determine Scholarship approval.

An individual applying for Financial Scholarship funds must be a current resident of the Roselle Park District. Financial Scholarship requests are limited to immediate family members currently residing at the address listed on the application and registration form. This address must be within the taxing authority borders of the Roselle Park District. A completed application must be submitted with the required supporting paper work to demonstrate proof of financial need and residency. A completed program registration form must accompany the application detailing the preferred programs being requested for scholarship consideration.

Individuals must provide proof of residency; acceptable forms of residency verification are as follows: Current property tax bill, current rental agreement, utility bill or current and valid driver's license. A copy of this record will be made and attached to the application. **A copy of the household's most recent 1040 Federal tax forms must be provided. If taxes are not filed, a non-filing letter issued by the IRS must accompany this financial assistance application.** The applicant will also need to submit a recent pay stub. Proof of financial need must be demonstrated. Income will be considered in accordance with the table below.

#### Financial Assistance Income Levels

| Family Size | Total Income Before Taxes |
|-------------|---------------------------|
| 1           | \$ 20,147                 |
| 2           | \$ 27,214                 |
| 3           | \$ 34,281                 |
| 4           | \$ 41,348                 |
| 5           | \$ 48,415                 |
| 6           | \$ 55,482                 |
| 7           | \$ 62,549                 |
| 8           | \$ 69,616                 |



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Demonstrated excessive medical bills or demonstrated temporary financial hardship when the applicant does not meet the criteria for assistance based on the *Financial Assistance Income Levels Scale* will be taken into consideration for eligibility. All and any records to confirm income and /or temporary financial hardships will be considered to determine eligibility. Copies of all records submitted will be made and attached to the application. The more detailed the records you provide the more effective the processing system will be to the request.

**Please be sure to attach the registration form designating the program desired for scholarship consideration.**

Completed application forms will be reviewed on an individual basis and notification of a decision will be provided within 7 business days after receiving a fully completed application. Eligible families may receive up to \$300 per year in financial assistance. Financial assistance for recreation programs is only available to resident youth ages 17 and under. Applicants who have not received scholarship assistance will be given priority over previous scholarship recipients, in order to assist as many residents as possible. Applicants must follow dates as posted in each seasonal brochure and allow the appropriate amount of time for application approval. Scholarships are legally recoverable if paid and awarded on the basis of false information supplied by the applicant and will nullify any request for scholarship assistance. Any payments made for the applicant's program and returned to the Park District for non-sufficient funds will nullify the scholarship request. All payments should be made payable to: Roselle Park District.

**Scholarship Approval does not guarantee registration.**

Scholarships benefits are limited to all general recreation programs. Those programs that involve a contractual agreement with an outside contractor and trips offered by the Park District are not eligible for the scholarship program. In addition all facility rentals and other services involving rentals are not eligible. All information submitted is strictly confidential and is not a matter of public record. The program waiver on the registration form must be signed in order for the scholarship application to be considered. The Director of Parks and Recreation will review all applications for scholarships and will do so on a case by case basis and objectively approve or deny applications using the criteria established by the Roselle Park District. Applications must be submitted for each new session a request is made. **If participant drops out of program no refund will be given if program class has not been cancelled.** Approval of previous scholarship support does not insure continued support or eligibility. Applications are only valid for one person and must be submitted for each individual requesting scholarship support.

***The Park District reserves the right to approve or deny funding of an applicants' request.***

Thank you,

The Roselle Park District



# ROSELLE PARK DISTRICT

## **Roselle Park District** **Application for Financial Assistance**

*This application must be completed in full, with all required documentation attached, before consideration.*

Date of Submission: \_\_\_\_\_

### **Applicant Information**

Name of Applicant: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

List all Household Members Names and Ages:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

### **Financial Information**

Please indicate financial need and attach verifying documentation. A copy of the household's most recent 1040 Federal tax forms must be provided. If taxes are not filed, a non-filing letter issued by the IRS must accompany this financial assistance application. Paperwork must be supplied to verify household income, proof of residency, public aid, excessive medical bills, and/or other financial difficulties. Additional information may include W2's, most recent pay stub, public aid card, medical bills, etc.

### **Household Income**

Gross Monthly Earnings before Deductions: \$ \_\_\_\_\_

Monthly Child Support Income: \$ \_\_\_\_\_

Monthly Social Security Income: \$ \_\_\_\_\_



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## Additional Financial Information

Public Aid Aid Number: \_\_\_\_\_

Excessive Medical Bills\* Explanation: \_\_\_\_\_

Temporary Financial Hardship\* Explanation: \_\_\_\_\_

*\*Attach documents or additional information to explain fully*

## Program Information

Name of Program: \_\_\_\_\_ Program ID Number: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Seasonal Brochure: \_\_\_\_\_

Total Program Cost: \$\_\_\_\_\_ (Scholarship eligibility is 50% of this cost.)

## Certification of Information

I certify that the above information is true and correct and understand that its accuracy may be verified. I agree to repay, in full, any financial assistance awarded based upon falsified information.

\_\_\_\_\_  
Signature of Applicant