

Streamwood Park District
550 S. Park Blvd.
Streamwood, IL 60107
(630) 372-PARK



Financial Assistance/Scholarship Program

Purpose of Program

It is the intent of the Streamwood Park District to provide the opportunity for its residents to participate in recreation programs. The park district attempts to provide recreational opportunities to its residents facing financial hardship through reasonably priced programs, free programs and through the financial assistance/scholarship program.

Requirements for Financial Assistance/Scholarship

Only residents of Streamwood Park District will be considered for financial assistance/scholarship. Proof of residency and financial need must be provided to qualify for assistance. Items that will be considered when evaluating include current participation in public aid, food stamp program, school free lunch program, subsidized housing program, excessive medical bills and/or family income.

Types of Financial Assistance/Scholarship Available

1. *Payment Plan* - The cost of the program will be spread over a period of time to allow the family to afford the program.
2. *Partial Payment* - The cost of the program will be reduced. The amount of reduction will be determined on an individual basis.
3. *Waiver of Full Fee* - When warranted, the full fee of the program will be waived for the individual. Waiver of full fee is rare. We prefer participants pay at least a portion of the fee.

Application Procedure

Persons requesting assistance must complete the appropriate application form and submit with the requested information to the Superintendent of Recreation at least 2 weeks prior to the start of a program. Applications will be individually reviewed and applicants will be notified of decision within two weeks of receiving all necessary information.

Application Guidelines

1. Financial assistance/scholarship participants must be Streamwood Park District residents.
2. All information submitted is kept confidential and is not a matter of public record.
3. All information on the application must be true and accurate. Scholarship funds are legally recoverable if paid and awarded on the basis of false information supplied by applicant and will nullify the request for a scholarship.
4. Delinquency on payment plans or partial payments may result in ineligibility for future program participation or financial assistance.
5. Applications must be completed seasonally. Granting of assistance/scholarship does not ensure continued approval for succeeding sessions.
6. All resident registration procedures and policies apply to financial assistance/scholarship applicants.
7. All general programs are available for assistance EXCEPT trips and contractual/coop programs. Aquarius Pool Passes are available for assistance, but Park Place memberships are NOT available for assistance.
8. A maximum on assistance will be enforced. Each participant will be allowed assistance or scholarship for one program per season.
9. All scholarships will be awarded on a first come, first served basis, on the basis of need and the ability of the park district to absorb the cost. Streamwood Park District reserves the right to approve partial funding or deny an applicant's request.

Streamwood Park District Financial Assistance/Scholarship Application



This form must be filled out completely and submitted with the required documents in order for consideration for financial assistance. Return completed application to: Streamwood Park District, 550 S. Park Blvd., Streamwood, IL 60107, Attn: Superintendent of Recreation.

Name of Program Participant _____
 Address _____ Streamwood, IL 60107
 Day Phone _____ Evening Phone _____
 Birth date _____ Grade and School _____

Name of Parent/Guardian (if above is a minor) _____
 Address _____ Streamwood, IL 60107
 Day Phone _____ Evening Phone _____
 Email address _____

Please list all household members (including children or anyone without income) and any monthly income for each person:

NAME	AGE	GROSS MONTHLY (BEFORE DEDUCTIONS)	MONTHLY INCOME FROM WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY INCOME FROM PENSIONS, RETIREMENT, SOCIAL SECURITY, ETC.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

Please list average monthly expenses for your household for the following items:

EXPENSE	AMOUNT
1. Mortgage/Rent	_____
2. Utilities	_____
3. Cellular phone	_____
4. Car payments/gasoline	_____
5. Loan payments	_____
6. Insurance	_____
7. Child Care	_____
8. Credit Card	_____
9. Medical	_____
10. Food	_____
11. Clothing	_____
12. Entertainment	_____
13. _____	_____
14. _____	_____
15. _____	_____

Please check items to indicate financial need (copies of documents must be included with application):

<input type="checkbox"/> Public Aid	Case Number _____
<input type="checkbox"/> Food Stamps	School Attended _____
<input type="checkbox"/> School Lunch Program	
<input type="checkbox"/> Subsidized Housing	Reason _____
<input type="checkbox"/> Excessive Medical Bills	_____

Please describe any additional information or reasons for financial hardship helpful to determining assistance (include additional paper if necessary)

Submit with your application:

- Letter of Recommendation** This can be from a school, social agency, physician, employer, etc. The purpose is to verify your need and give any additional information as to why it would be beneficial for the applicant to participate in the program.
- Program Registration Form** It is necessary to know the program the applicant is interested in participating in and receiving a scholarship/financial assistance.
- Proof of Residency** Copy of Driver's License or other current item with name and address.

I certify that the above information is true, correct and all income and expenses are reported. This information is being given to Streamwood Park District as application for financial assistance/scholarship only and will remain confidential. Park District officials may verify the information on the application, and deliberate misrepresentation of the information will result in forfeiture of future assistance privileges and possible program participation.

Signature of applicant or parent/guardian

Date