



FINANCIAL AID/SCHOLARSHIP POLICY & FORM

Policy

To help ensure that every resident has the opportunity to participate in recreation programs, the Golf Maine Park District has established a financial aid program for children of the District whose parents/guardians are experiencing temporary financial difficulty.

Eligibility

To be eligible to receive financial assistance, the applicant must meet the following criteria:

- ! Must be a resident of the Golf Maine Park District. Evidence of current address is required.
- ! Must apply for assistance in writing using the financial aid form provided by the Park District (attached).
- ! Must provide a copy of most recent federal income tax return form.
- ! If currently on any type of public assistance, must provide written evidence.
- ! Must provide other written documentation if requested by the Park District.

Scope of Financial Aid

1. The financial aid program is intended to benefit the children of parents in need.
2. Financial aid may not be available for all programs or for some direct cost activities (for example, ticket type events, field trips and contractual programs) as determined by the Park District.
3. Financial aid will be for part of the program costs. The amount may vary, depending on need and/or money available. Financial aid is awarded on a first-come, first-served basis.

Other

1. All information on the application must be true and accurate. Financial aid provided is legally recoverable if awarded on the basis of false information.

2. All information received will remain confidential and will not be made available to the public insofar as the law allows.

G:/scholarships/Financial_aid_form

Application Procedures

1. Complete the financial aid/scholarship application form which is available at the Park District Office. Return the form along with all required documentation to:

Director
Golf Maine Park District
8800 Kathy Lane
Niles, IL 60714

2. Upon receipt, the Director will review the application and make a decision of approval/disapproval and if approved, the percentage amount of financial aid to be provided. Aid provided will be based on many factors including, but not limited to, family size, family income, other types/amounts of aid received from other agencies and other extenuating circumstances.

3. Applicants for financial aid will be notified within fifteen (15) days of receipt of application as to the approval/disapproval status.

4. Upon approval, applicants will register for programs through the regular Park District registration procedures.



**GOLF MAINE PARK DISTRICT
FINANCIAL AID/SCHOLARSHIP
APPLICATION FORM**

Completion of this form is mandatory in order to qualify to receive financial assistance for the Park District. All information is held in the strictest confidence and will not be made available to the public. There are limited funds available. It is important that the form be completed in its entirety; all information be true and accurate; and that all required substantiation documents be submitted along with the application.

I. GENERAL INFORMATION

1. Father's Name: _____

Mother's Name: _____

Child's (Children's) Name(s): _____

2. Present Address: _____
Street Address & Apt#/Unit# City State Zip Code

Home Phone: () _____

Work Phone: () _____ (Mother) () _____ (Father)

Cell Phone: () _____ (Mother) () _____ (Father)

3. Marital Status: Father: G Single G Married/Remarried

Mother: G Single G Married/Remarried

4. Total Number in Household: _____

1. First Name: _____ Age: _____

5. First Name: _____ Age: _____

2. First Name: _____ Age: _____

6. First Name: _____ Age: _____

3. First Name: _____ Age: _____

7. First Name: _____ Age: _____

4. First Name: _____ Age: _____

8. First Name: _____ Age: _____

5. Housing: G Own G Rent Monthly Payment \$ _____

6. Cars/Vehicles:

1. G Own Have Monthly Payment of \$ _____
Make/Model of Vehicle _____ Year _____

2. G Own Have Monthly Payment of \$ _____
Make/Model of Vehicle _____ Year _____

II. FINANCIAL RESOURCES

Public Assistance

Do you receive Public Assistance: G Yes G No
If yes, please list each source:

<u>Agency:</u>	<u>Contact Person</u>	<u>Yearly Amount</u>
G Dept. of Public Aid	_____	\$ _____
G Dept. of Human Services	_____	\$ _____
G Aid to Dependent Children	_____	\$ _____
G Maine Township	_____	\$ _____
G Food Stamps	_____	\$ _____
G _____	_____	\$ _____
G _____	_____	\$ _____
*TOTAL PUBLIC ASSISTANCE:		\$ _____

2. Employment

Families must submit a copy of your most recent federal income tax return.

Please complete the following:

Father: Employer _____
Address _____
Employer Phone # () _____
Last Year's Gross Yearly Income: \$ _____

Mother: Employer _____
Address _____
Employer Phone # () _____

Last Year's Gross Yearly Income: \$ _____

Other: Employer _____

Address _____

Employer Phone # () _____

Last Year's Gross Yearly Income: \$ _____

***TOTAL EMPLOYMENT INCOME:** \$ _____

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3. Other Cash/Asset Resources (check all that apply):

	<u>Amount Per Month x 12 = Yearly Income</u>
G Alimony	\$ _____ x 12 = \$ _____
G Child Support	\$ _____ x 12 = \$ _____
G Unemployment Compensation	\$ _____ x 12 = \$ _____
G Savings Acct (Parents & Children)	\$ _____
G Assets (i.e. Properties, CD's, etc.)	\$ _____
G Other: _____	\$ _____
*TOTAL OTHER CASH/ASSET RESOURCE	\$ _____

4. Income Summary

*TOTAL PUBLIC ASSISTANCE	\$ _____
*TOTAL EMPLOYMENT INCOME	\$ _____
*TOTAL OTHER CASH/ASSET RESOURCES	\$ _____
*GRAND TOTAL FINANCIAL RESOURCES	\$ _____

III. EXTENUATING EXPENSES

The following information will assist us to better understand any extenuating financial circumstances you may have.

1. Medical Expenses (other than deductibles) not covered by insurance: \$ _____

2. Child Care Expenses: \$ _____ x 12 = \$ _____

Name of Provider: _____

Phone # _____

3. Credit Card Debt: \$ _____

4. Other. Please specify: _____

IV. Please explain the extenuating circumstances that necessitate applying for financial assistance. (If additional space is needed, please add a separate page.)

V. For which Park District activity or program are you requesting financial aid?

VI. SIGNATURE

I certify that the information contained in this application is correct and accurate. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of any changes in my financial status.

* * * * *

FOR OFFICE USE ONLY

GRAND TOTAL FINANCIAL RESOURCES \$ _____

LESS EXTENUATING EXPENSES \$ _____

ADJUSTED INCOME \$ _____

PARK DISTRICT SUBSIDY GRANTED/APPROVED %

Director's Signature

Date