

DeKalb Park District Scholarship Application

Scholarship assistance eligibility is based on household income and limited to Park District residents. All information in this application will remain confidential. To qualify for a scholarship for a program or membership, with a starting date after January 1st, a copy of the prior year's income tax return and verification of all information listed on this page must accompany this application.

Please submit all documentation and the completed application at one time to be considered for a scholarship. **Incomplete applications will not be approved.**

Please be advised that the application process may take up to two weeks. Approvals are valid through December 31st following the approval date. Beginning January 1st all people seeking fee assistance must fill out new applications and provide current documentation.

PART A - APPLICANT INFORMATION

Applicants Name: _____

Address: _____

DeKalb, IL 60115

Phone: _____

Cell Phone: _____

PART B - HOUSEHOLD INFORMATION

List all individuals in your household to be considered for scholarship assistance. Income verification and documentation is required for all adults on the application.

PLEASE PRINT CLEARLY

| Full Name | Age | Applicants Relationship | Medical Card (Y/N)** |
|-----------|-----|-------------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*** 50% discount approved with the following exceptions...**

Private Lessons (any type): 0%
 Trips: 0%
 Any program \$10 or less: 0%
 Material fees: 0%
 Other: _____

Approved By: _____

Date Approved: _____

Expiration Date: _____

Please attach COPIES of ALL documentation!

PLEASE NOTE: Incomplete applications/or missing documentation will delay the approval process.
 \$1.00 per page for copies made by the district.

Copies of the following are required:

Drivers License: _____
 Lease, Mortgage or ownership _____
 Prior Year's taxes: _____
 (must have company stamp or W-2's)

Proof of guardianship of children:

Taxes: _____
 Medical Card: _____
 Court order: _____
 Other: _____

*Discount exceptions are subject to seasonal changes as programs change or become available.

**Please provide a copy of medical cards (if applicable) for all individuals.

PART C – FINANCIAL INFORMATION

Please provide monthly amounts for each of the following forms of assistance you receive for yourself or on the behalf of a child and all other household members.

| Household Member Name | Wages Earned | Public Aid | SSI | Child Support | Unemployment Compensation | Other | Total |
|-----------------------|--------------|------------|-----|---------------|---------------------------|-------|---------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | Total: |

PART D – WORK HISTORY

Please provide the following information for the most recent employers.

| | |
|----------------------------|--|
| Name of Employer | |
| Address | |
| Phone # | |
| Supervisor's Name | |
| Dates of Employment | |
| Reason for Leaving | |

| | |
|----------------------------|--|
| Name of Employer | |
| Address | |
| Phone # | |
| Supervisor's Name | |
| Dates of Employment | |
| Reason for Leaving | |

PART E – PROGRAMS OF INTEREST

Please list the programs/passes that you are interested in participating.

| Household Member Name | Program Name |
|-----------------------|--------------|
| | |
| | |
| | |
| | |
| | |
| | |

PART F – SPECIAL CIRCUMSTANCES

Please explain any special circumstances that you feel are relevant to this application in the space provided below.

PART G – SIGNATURE

The information I have provided in this application is true, correct, and complete. If approved and it is found there has been any misstatement or omission of fact on this application it may result in revocation of assistance. Furthermore, by signing below, the applicant recognizes the right of the park district to verify any or all information given.

Applicant's Signature

Date

Approvals are valid through February 28th following the approval date. Beginning March 1st all people seeking fee assistance must fill out new applications and provide current documentation.

Please complete both sides of the attached Household Registration Form and submit with this Scholarship Application.



Household Registration Form

www.dekalbparkdistrict.com

Phone: (815)758-6663

Fax: (815)758-4081

DeKalb Park District
1403 Sycamore Road
DeKalb, IL 60115

Primary Information

Please print.

NEW ADDRESS

Resident

Non-resident

Household Last Name _____

Cash

Check # _____

Checks need to be from DeKalb County

Address _____

City & Zip Code _____

Home Phone _____

Work Phone _____

Emergency Phone _____

Cell Phone _____

| | |
|--|----------------|
| MAIL IN & FAX REGISTRATION ONLY | |
| VISA/MasterCard/Discover | |
| Amt of Pmt: \$ | |
| _____ | |
| Credit Card # | |
| _____ | |
| Exp. Date: | CVV2 #: |
| _____ | _____ |
| Authorized Signature | |
| _____ | |

Driver's License # _____ Email Address _____

This registrant needs a modification because of disability to participate in the program. **YES NO** (circle one)
If registrant has special needs, please describe the accommodation needed for the enjoyment of this program.

Household Member Information

| FIRST NAME <small>Last name, if different from above</small> | | BIRTH DATE <small>Month/Date/Year</small> | GENDER | PROGRAM/ACTIVITY | PROGRAM/ACTIVITY CODE | FEE |
|---|------------------|--|--|------------------|--------------------------|-----|
| ADULTS | | | | | | |
| | Primary Guardian | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | Primary Guardian | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| CHILDREN | | | | | | |
| | GRADE | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | | | | TOTAL | |

Medical Release/Waiver and Release of All Claims and Hold Harmless Signature (please read reverse side)

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver

PARTICIPANT'S SIGNATURE
(if participant is under age of 18, parent/guardian MUST sign.)

DATE

STAFF INITIALS

Please sign on the reverse side of this form.

Medical Release

In the event of an emergency, I authorize the DeKalb Park District to secure any/all necessary medical attention from any accredited hospital and/or ward and further agree that I will be responsible for any and all medical services rendered.

Waiver, release of all claims and hold harmless agreement for DeKalb Park District

READ CAREFULLY

Please read this form carefully and be aware that, in signing up and participating in Park District programs, you will be waiving and releasing all claims for injuries, arising out of participation, that you or the above participant might sustain. The terms, "I," "me," and "my" also refer to parents or guardians as well as the participants in the programs. In registering for the Park District programs, you are agreeing as follows:

As a participant, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all Park District activities. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in programs against the DeKalb Park District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement.)

I do hereby fully release and discharge the DeKalb Park District, and any and all other released parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with or in any way associated with my conduct and the activities of Park District programs.

I further understand and agree that the terms such as "participation," "programs" and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in Park District programs, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities or premises of the Park District.

I have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of participation that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

I have carefully read the insurance liability waiver and understand that my signature is required below in order to participate in DeKalb Park District programs.

(waiver is effective for one year from the date of signature)