

# 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 March 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 February 28th following the approval date. Beginning March 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: February 28th, 20\_\_

### 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
							<b>Total:</b>

## PART D – WORK HISTORY

Please provide the following information for the most recent employers.

<b>Name of Employer</b>	
<b>Address</b>	
<b>Phone #</b>	
<b>Supervisor's Name</b>	
<b>Dates of Employment</b>	
<b>Reason for Leaving</b>	

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<b>Address</b>	
<b>Phone #</b>	
<b>Supervisor's Name</b>	
<b>Dates of Employment</b>	
<b>Reason for Leaving</b>	

## 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.**