



CONFIDENTIAL

Return to: Cindy Yelich, *Recreation Supervisor*
2222 Birch Street • Des Plaines, IL 60018

_____ New Applicant _____ Past Recipient

Parent/Guardian Name: _____ Date: _____
(Please print clearly)

Address: _____

Phone: Home () _____ Work () _____ Cell () _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed

1. Number of people living in the household? _____ (List all below)

First Name. <i>Please include last name if different from Guardian.</i>	Birth date	Relationship	Gender M or F	Dependent Y or N	School

2. Program(s) for which you are requesting a requesting scholarship.*

Participant Name	Class Code	Class Name	Fee

***Note:** Class/program registration is a separate procedure, and is based solely upon availability. Please refer to the Des Plaines Park District website: www.DPParks.org, the Spectrum Program Guide, or contact us at 847-391-5700 for specific class information.

Please complete the reverse side.

3. Please review the following and list any information that pertains to your household.

All items require supporting documentation. NOTE: You **must** provide a copy of your 1040 form.*

Annual Gross Income (Forms 1040 & 1099)*	\$ _____
Child Support	\$ _____ per month
Food Stamps	\$ _____ per month
Social Security Benefits	\$ _____ per month
Unemployment Compensation	\$ _____ per month

Lunch Program at District 62 Free _____ Reduced _____ Not part of the program _____

If you cannot show documentation for proof of income, please explain why: _____

Have you applied for financial assistance elsewhere? Yes ___ No ___

If yes, where? _____

Do you rent _____ or own home _____, and what is the monthly payment? \$ _____

The applicant MUST complete the Scholarship Application, in full, and provide a copy of the family's most recent federal income tax return (form 1040). accompanied by proof of residency, and at least one (1) of the aforementioned items (see question #3). This may include a social agency referral, school referral, etc. Please attach the information to this form.

Please give a brief statement of why you are applying for assistance: _____

I have been advised and understand that:

- All information submitted is confidential and is not a matter of the Public Records of the Des Plaines Park District.
- All information requested on this form must be true and accurate.
- All Scholarships will be awarded on the basis of need and the availability of funds.
- All Scholarships are legally recoverable if paid and awarded on the basis of false information supplied by the applicant. Providing false information will nullify your request for assistance.
- Further information may be required before action on this Scholarship Application is taken.
- Class/program registration is a separate procedure and is based upon availability.
- **Applicants will be notified, by letter, within 3 weeks of the time the application is received.**

Signature: _____ Date: _____

