



# 2023 DUAL AGENCY FINANCIAL AID SCHOLARSHIP APPLICATION

# CONFIDENTIAL

APPLICATION ACCEPTANCE PERIOD: JANUARY I, 2023-APRIL 7, 2023

### **ELIGIBILITY:**

In collaboration, the Des Plaines Friends of the Parks Scholarship Fund & the Des Plaines Park District Scholarship Fund are offering dual agency financial aid scholarships to families with limited incomes residing within the Des Plaines Park District's boundaries. Families who do not reside in the boundaries but are enrolled in Community Consolidated School District 62, Maine West High School, or the City of Des Plaines boundaries are eligible for a Des Plaines Friends of the Parks Scholarship. One scholarship per family per calendar year.

## **SUBMISSION:**

Complete Scholarship Application Attach Required 1040 Tax Form

Send to Administrative & Leisure Center; 2222 Birch Street, Des Plaines, IL 60018 | Scholarships@DPParks.org

### **REGISTRATION:**

Scholarship Approval / Denial Letters will be sent via the **email address** listed on application.

<u>In Person</u> registration is required at the Administrative & Leisure Center for fund verification.

Program Registration is a separate procedure and the responsibility of the patron. Classes are first come, first serve.

OFFICE USE ONLY:		
APPLICATION SUBMISSION DATE:	TIME:	_ INITIAL:
HOUSEHOLD NUMBER:	APPLICATION NUMBER:	REVIEW DATE:

# HOUSEHOLD INFORMATION:

I. PROOF OF RESIDENCY				
Must attach proof of reside	ency or school enrollment le	etter <mark>.</mark>		
2. MARITAL STATUS SHOULD MATCH 1040 TAX FORM				
<ul><li>☐ Single</li><li>☐ Married</li><li>☐ Divorced</li><li>☐ Separated</li><li>☐ Widowed</li></ul>				
3. APPLICANT INFORMATION SHOULD MATCH 1040 TAX FORM				
Applicant's First Name:		& Last Name	9:	
Spouse's First Name:		& Last Nam	e:	
City:		State:	Zip: _	
Phone Number:	Email A	ddress:		
4. DEPENDENT INFORMATION SHOULD MATCH 1040 TAX FORM  Name	Last Name	Date of Birth	Check Box: For Dependent(s)	Program(s) Interested in
			Requesting Scholarship	Enrolling the Dependent

### 5. ANNUAL GROSS INCOME

Must attach a copy of 2021 or 2022 Federal Income Tax Form (1040) from all responsible parties.

	Single Married filing jointly	x Return	-	B No. 1545-0074	RS Use Only Do not write or steple in this s	1	18 Add line	t from Schedule 2, lines 16 and 17				17 18	_
	If you checked the MFS box, enter the n person is a child but not your dependent	name of your spouse				lifying 2	20 Amount	t from Schedule 3, lin es 19 and 20				20	_
Your first name an	nd middle initial	Last name			Your social security num	2	23 Other to	ct line 21 from line 18. axes, including self-er	inployment tax, from			22 23	
	use's first name and middle initial	Last name			Spouse's social security in	umber 2	24 Add line 25 Federal a Form(s)	es 22 and 23. This is y I income tax withheld	your total tax from:		.   25a	▶ 24	
	umber and streetj. If you have a P.O. box, see			Apt.	no. Presidential Election Can Check here if you, or you spouse if filing jointly, wa	npaign r	b Form(s)				25b 25c		
	it office. If you have a foreign address, also co		State	ZIP code	to go to this fund. Check box below will not chang	ing a	d Add line	es 25a through 25c . stimated tax payment		d from 2019 return .		25d	
Foreign country na			nce/state/county	Foreign po	☐ You ☐ S	pouse qualifying child, 2 attach Sch. EIC. • If you have 2	27 Earned 28 Addition	income credit (EIC) . nal child tax credit. At			27		
Standard S	ng 2020, did you receive, sell, send, excl Someone can claim: You as a de	pendent  Yo	ur spouse as a dep		virtual currency? Yes N		30 Recove	an opportunity credit ery rebate credit. See i t from Schedule 3, lin	instructions	8	. 29		
	Spouse itemizes on a separate returnation  You: Were born before January 2, 1			Was born before	January 2, 1956  Is blind		32 Add line	t from Schedule 3, lin es 27 through 31. The es 25d, 26, and 32. Th	se are your total oth		undable credits	<b>&gt;</b> 32	
Dependents (s				Relationship	(4) ✓ If qualifies for (see instructions) Child tax credit Credit for other dep	Refund 3	34 If line 33	3 is more than line 24 t of line 34 you want r	, subtract line 24 from	n line 33. This is the a		34 . ▶ □ 35a	=
than four dependents, see instructions —						See Instructions.	►d Account	number t number t of line 34 you want a		▶ c Type:	Checking □	Savings	
and check here ▶ □	Wages salaries tips etc Attach F	F(-) W. O.					37 Subtrac	ot line 33 from line 24. Schedule H and Sche	This is the amount y	you owe now		> 37	
Attach Sch. B if	2a Tax-exempt interest	2a 3a	b Taxabl	le interest	2b		2020. S 38 Estimat	See Schedule 3, line 1: ted tax penalty (see in	2e, and its instruction structions)	ns for details.	▶ 38	, one ici	
required.	4a IRA distributions	4a 5a		le amount	4b	Third Party Designee	Do you wa instructions Designee's	ant to allow another	person to discuss t	this return with the	► Tyes.	Complete below.	No
Deduction for -	6a Social security benefits	6a dule D if required. If	b Taxabl not required, chec		6b	Sign	name ▶ Under penalti	les of perjury, I declare tr	hat I have examined this	no. ▶ return and accompanyin	nur ng schedules and statem	mber (PIN) > ents, and to the best of my	y knowl
separately, \$12,400	<ul> <li>Other income from Schedule 1, lin</li> <li>Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,</li> </ul>		total income .		<b>b</b> 9	Here	Your signatur		Date	Your occupa		If the IRS sent you a Protection PIN, ente	an Ident
jointly or Qualifying	Adjustments to income:     From Schedule 1, line 22     Charitable contributions if you take			. 10a		Joint return? See Instructions. Keep a copy for your records.	Spouse's sign	nature. If a joint return, b	oth must sign. Date	Spouse's oc	cupation	(see Inst.) ▶  If the IRS sent your identity Protection F	r spouse
\$24,800 " • Head of household, \$18,650	c Add lines 10a and 10b. These are Subtract line 10c from line 9. This	your total adjustme	ents to income		► 10c	your records.	Phone no.			II address		(see Inst.)►	
If you checked any box under Standard 13		deductions (from S	Schedule A) .	A	12	Paid Preparer -	Preparer's na Firm's name		Preparer's signature		Date	PTIN Check	ck if: Self-em
Deduction, see instructions.	Add lines 12 and 13  Taxable income. Subtract line 14	from line 11. If zero	or less, enter -0-		14	Use Only	Firm's addres		st information			Firm's EIN ►	Form 10
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