



2024 DUAL AGENCY FINANCIAL AID SCHOLARSHIP APPLICATION

CONFIDENTIAL

APPLICATION ACCEPTANCE PERIOD: JANUARY I, 2024-APRIL 5, 2024

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 residen	ncy or school enrollment letter	<u>.</u>		
2. MARITAL STATUS SHOULD MATCH 1040 TAX FORM				
☐ Single☐ Married☐ Divorced☐ Separated☐ Widowed				
3. APPLICANT INFORMATION SHOULD MATCH 1040 TAX FORM				
Applicant's First Name:		& Last Name	9:	
Spouse's First Name:		& Last Nam	e:	
Current Address:				
City:		State:	Zip: _	
Phone Number:	Email Addre	ess:		
4. DEPENDENT INFORMATION SHOULD MATCH 1040 TAX FORM				
Name	Last Name	Date of Birth	Check Box: For Dependent(s) Requesting Scholarship	Program(s) Interested in Enrolling the Dependent

5. ANNUAL GROSS INCOME

Must attach a copy of 2023 or 2024 Federal Income Tax Form (1040) from all responsible parties.

	U.S. Individual Income Tax Single Married filing jointly		-	MB No. 1545-0074	RS Use Only Do not write or steple in this space.	- 18 19			ents			17 18
Check only	If you checked the MFS box, enter the n person is a child but not your dependen	ame of your spous				20	Amount from Sci	chedule 3, line 7				20 21
Your first name an		Last name			Your social security number	22 23 24	3 Other taxes, incl	from line 18. If zero or les luding self-employment ta	x, from Schedule 2	2, line 10		22
	ouse's first name and middle initial	Last name		1	Spouse's social security number	25	Federal income t a Form(s) W-2	d 23. This is your total tax tax withheld from:			25a	. > 24
	number and street). If you have a P.O. box, see ast office. If you have a foreign address, also co		Chata	Apt.	Check here if you, or your spouse if filing jointly, want \$3		b Form(s) 1099 . c Other forms (see	e instructions)			25b 25c	
Foreign country n			fnce/state/county		to go to this fund. Checking a box below will not change sostal code your tax or refund.			tax payments and amoun	t applied from 201	9 return		25d
	ing 2020, did you receive, sell, send, excl				You Spouse	H you have a qualifying child, 27 attach Sch. EIC. H you have nontaxable 29	Additional child t	credit (EIC) tax credit. Attach Schedul tunity credit from Form 88			27 28 29	
Standard	Someone can claim: You as a de	pendent Yo	our spouse as a c		visual currency:	combat pay, see instructions. 30		credit. See instructions			30	
Age/Blindness	You: Were born before January 2, 1	956 Are bline	d Spouse:		January 2, 1956 Sind	32	3 Add lines 25d, 26	ough 31. These are your to 6, and 32. These are your	total payments	nts and refundal	ble credits	. b 32 . b 33
	(see instructions): (1) First name Last name	(2) Soc n	cial security umber		(4) V If qualifies for (see instructions): Child tax credit Credit for other dependent	Refund 34 35 Direct deposit?	Amount of line 3	than line 24, subtract line 4 you want refunded to y	ou. If Form 8888 i	is attached, chec	k here	34 > 35a Savings
dependents, see instructions - and check						See Instructions. 36	d Account number				36	
here 🕨 🗌	Wages, salaries, tips, etc. Attach f	orm(s) W-2			1	Amount 37 You Owe For details on	Note: Schedule	from line 24. This is the a H and Schedule SE filer	rs, line 37 may no	t represent all o	of the taxes you o	. ▶ 37
Sch. B if required.	3a Qualified dividends	2a 3a	b Ord	able interest inary dividends	2b 3b	how to pay, see Instructions. 38	B Estimated tax per	dule 3, line 12e, and its ins enalty (see instructions) low another person to d		1 1 1 F	38 See	
	5a Pensions and annuities	4a 5a 6a	b Tax	able amount able amount	4b 5b	Designee	instructions Designee's name >		Phone no.		Yes. Co	mplete below. No nal identification er (PIN)
Deduction for -	7 Capital gain or (loss). Attach Sche 8 Other income from Schedule 1, lin	dule D if required.			7 8	Sign	Under penalties of perjuicelief, they are true, con	ury, I declare that I have exam mect, and complete. Declaratio	nined this return and a on of preparer (other t	han taxpayer) is bas	edules and statement	ts, and to the best of my kr
\$12,400 Married Sino	 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, 10 Adjustments to income: 		total income .		9	Joint return?	Your signature		Date	Your occupation		If the IRS sent you an I Protection PIN, enter it (see inst.) ▶
jointly or Qualifying widow(er), \$24,800	a From Schedule 1, line 22 b Charitable contributions if you take			. 10a tions 10b		See instructions. Keep a copy for your records.	Spouse's signature. If a	a joint return, both must sign.	Date :	Spouse's occupation	on	If the IRS sent your spo identity Protection PIN (see Inst.) ▶
Head of household, \$18,650	c Add lines 10a and 10b. These are 11 Subtract line 10c from line 9. This	is your adjusted g	ross income .		100	Paid	Phone no. Preparer's name	Preparer's sig	Email address nature		Date	PTIN Check If:
	12 Standard deduction or itemized 13 Qualified business income deduct 14 Add lines 12 and 13			5-A	12 13 14	Preparer —	Firm's name ▶					Phone no.
see instructions.	15 Taxable income. Subtract line 14 Privacy Act, and Paperwork Reduction Act N)	15	Go to www.irs.gov/F	Firm's address ► Form1040 for instructions	is and the latest Information.				Firm's EIN ► Form
usi aii	tach a copy of	a socia	al age		school reletial	TOTOT.						
ust att	асп а сору ог	a socia	al age	nicy of s	ochool reletial	Tottor.						
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