



PALATINE PARK DISTRICT PROGRAM SCHOLARSHIP

SCHOLARSHIP OVERVIEW

Palatine Park District provides financial assistance to residents who are interested in enrolling in an eligible Park District or Affiliate program but are unable due to financial hardship. Based on the availability of funds, the Park District will attempt to provide financial assistance to those who qualify based on set eligibility requirements. Financial assistance will be awarded on a first-come, first-served basis, based on the availability of funds.

ELIGIBILITY AND QUALIFICATIONS

1. Scholarship applicants must be a Palatine Park District resident. Applicants must prove residency by providing a Current Driver's license or State ID with name and current address **AND** one of the following documents with current address: Voter Registration card, utility bill, bank statement, credit card statement, mortgage/lease documents, or home/renters insurance policy. **OR** One of the following forms of ID: District 15, District 211 or Harper College issued school ID, ID issued by place of employment, Permanent Resident ID, or Passport **AND** two (2) of the following current documents with name and address listed: Voter Registration card, utility bill, bank statement, credit card statement, mortgage/lease documents, or home/renters insurance policy.
2. The level of scholarship awarded is determined in accordance with the USDA Income Eligibility Guidelines. Applicants must provide proof of financial need and are required to provide copies of their most recent Federal Income Tax Return and W-2 or 1099 **AND** three (3) most recent pay stubs of heads of household or participants guardians with year-to-date income. Paystub must show year-to-date income. Additional documentation may be required.
3. Scholarship eligibility is determined on an annual basis. Applications are accepted year-round with an eligibility period of May 1–April 30.

APPLICATION PROCESS

1. Complete, sign, and submit the scholarship application and program registration form along with required proof of residency and financial need to: Palatine Park District, Attn: Donna Orr Scholarship Coordinator, 250 E. Wood St., Palatine, IL 60067. Documents can be delivered in person to the address above, Monday-Friday 9:00am-5:00pm or faxed to 847-496-6240. Documents should not be sent via email, and emailed documents will not be accepted.
2. Scholarship requests and documentation will be reviewed by district staff and a determination of award level will be given based on USDA Income Eligibility Requirements. Determination of awards will be issued within 7-10 business days of receipt of all required documents.
3. If approved, a scholarship award letter will be emailed to the applicant and the participant will be enrolled in the requested program subject to availability with a household balance due. The household balance will be the cost of the program less the awarded scholarship.
4. Applicants must pay the household balance within 48 hours of award, or risk being removed from the class roster.

EXCLUSIONS AND LIMITATIONS

1. Scholarships are limited to one program per family member per season (*winter, spring, summer, fall*).
2. Submission of scholarship application, documentation and registration form does not secure or guarantee enrollment into a program. Enrollment into a program is subject to availability.
3. Scholarships will not be awarded until all required documentation is received.
4. Application and documentation must be true and accurate. Scholarships are legally recoverable if awarded based on false information.
5. Participants are not eligible to participate in programs until the request is processed, participant has been enrolled in the program, and the household balance has been paid.
6. Daily fees, facility rentals, party packages, special events, performances, price reduced programs, and private instruction are not eligible for scholarship.

REQUIRED DOCUMENT CHECKLIST

- ☐ Scholarship Application Form
- ☐ Program Registration Form
- ☐ Current Federal Income Tax Return with W2/1099 Forms.
- ☐ Three (3) most recent pay stubs for each household wage earner age 18 years or older with year-to-date income.
- ☐ Current Driver's license or State ID with name and current address **AND** one of the following documents with current address: Voter Registration card, utility bill, bank statement, credit card statement, mortgage/lease documents, or home/renters insurance policy.

OR

One of the following forms of ID: District 15, District 211 or Harper College issued school ID, ID issued by place of employment, Permanent Resident ID, or Passport **AND** two (2) of the following current documents with name and address listed: Voter Registration card, utility bill, bank statement, credit card statement, mortgage/lease documents, or home/renters insurance policy.

REQUIRED DOCUMENTS IF APPLICABLE

- ☐ Copy of Public Aid/Food Stamp Documentation
- ☐ Copy of Social Security Recipient Documentation
- ☐ Proof of Alimony/Child Support Payments
- ☐ Unemployment Compensation Documentation



PALATINE PARK DISTRICT SCHOLARSHIP APPLICATION & REGISTRATION FORM

Submit completed request along with the Program Registration form and required documentation to Donna Orr, Scholarship Coordinator at Palatine Park District, 250 E. Wood St., Palatine, IL 60067 or by fax 847-496-6240.

SCHOLARSHIP APPLICATION

General Information

☐ New Applicant

☐ Past Recipient

Applicant's Name: _____
First Last

Spouse's Name: _____
First Last

Current Address: _____
Street Number & Name City Zip Code

Primary Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Email: _____ ☐ Yes, please add me to PPD Email List

Family Status: ☐ Married ☐ Divorced ☐ Single ☐ Separated

Total Number in Household: _____

Dependent Information

(List **ONLY** those dependents that can be claimed on most recent Federal 1040 or 1040A Income Tax Return)

Name (First and Last)		Birthdate	Name (First and Last)		Birthdate
1			4		
2			5		
3			6		

Current Annual Family Income: \$ _____

(Applicants are required to submit a copy of most recent Federal Income Tax Return including W-2 or 1099 earnings summaries)

Public Assistance

Please review the following and list all additional sources of income your household may receive. Applicant must provide documentation for Public Aid/Assistance, Social Security Benefits, Unemployment Compensation and Alimony/Child Support.

Public Aid/Food Stamps	\$ _____	/Month
Alimony	\$ _____	/Month
Child Support	\$ _____	/Month
Unemployment Compensation	\$ _____	/Month
Social Security Benefits	\$ _____	/Month

I fully understand that the financial circumstances outlined above will be kept confidential by the Palatine Park District. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of any changes in my financial status. The above information is true and correct to the best of my knowledge. Any incorrect information will automatically disqualify me from this program and will require me to reimburse the Palatine Park District for any past payments. In addition, I understand that I may be asked to produce documentation supporting any or all of the above information. Each wage earner (over 18 years of age) must sign below.

Applicant's Signature

Date

Applicant's Signature

Date

PROGRAM REGISTRATION FORM

Prog #	Program Name/ Membership Type	Participant's Full Name	Current Grade	Birthdate	Gender	Fee
					☐ M ☐ F	
					☐ M ☐ F	
					☐ M ☐ F	
					☐ M ☐ F	
					☐ M ☐ F	
					☐ M ☐ F	
Please fill out if applicable. Shirt Size: Youth ☐ S ☐ M ☐ L Adult ☐ S ☐ M ☐ L ☐ XL School Attending: _____						TOTAL \$

☐ **Americans With Disabilities Act Need Accommodations** NWSRA Inclusion Assistance
needed for (name of participant requiring special accommodations): _____

WITHDRAWAL AND REFUND POLICY: To submit a refund request, an Application for Withdrawal Form must be submitted. **All approved refunds will be applied as a household credit** unless otherwise requested on the Application for Withdrawal Form. If another form of refund is requested, a \$5 processing fee will be applied. Refund requests must be submitted at least seven days prior to a program's start date to qualify for a full refund. Requests made less than seven days prior to the start of a program will be evaluated individually, and the cost of any non-refundable materials may be deducted from the refund amount. Some programs are non-refundable. Refer to the program guide for complete details.

PRIVACY POLICY: To view the Palatine Park District Privacy Policy visit palatineparks.org.

RELEASE AND HOLD HARMLESS WAIVER

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. **EMERGENCY TREATMENT:** A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. **TO WHOM IT MAY CONCERN:** As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on a separate piece of paper to be attached to this form.

Release and Hold Harmless Statement on registration form must be signed. PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

My signature, or my guardian's signature if I'm under 18, indicates that I HAVE READ AND FULLY UNDERSTAND THE REFUND POLICY AND WAIVER and understand it is required to take part in Park District programs.

Signature: _____ Date: _____

Signature: _____ Date: _____

Emergency Name: _____ Alternate Phone: (_____) _____ - _____

Please indicate below any medical information (asthma, diabetes, etc.) or food allergies that staff should be aware of.

FOR OFFICE USE ONLY

CA CK CG
SCH EMP

Fob ____ Walking ____
Photo ____ Gym ____

Processed by _____
Batch # _____
Verification _____