

**WHEELING PARK DISTRICT
SCHOLARSHIP APPLICATION FORM**

Office Use Only	
Date Rec'd _____	Reviewed _____
Letter Sent _____	
Registration Input _____	
Level of Support _____	% Initials _____

Part I - Family Information

1. Family Name _____ Date _____
 Street Address _____ Apt. # _____
 City _____ Zip _____ Home Phone _____
 Work _____ for _____ Work _____ for _____
 Phone _____ Mr./Ms. _____ Phone _____ Mr./Ms. _____

2. Please list all family members living at your residence who you support:

_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____

3. Do you: Own Rent your home?

4. Marital Married Divorced Separated

Status: Widowed Abandoned Single

5. Employer: (Applicant) Employer _____ Position _____
 Address _____ Annual Income _____

(Spouse or Employer _____ Position _____
 Second Job) Address _____ Annual Income _____

6. Have you participated in this program before? Yes No
 Season _____ Year _____

Part II - Financial Information

7. Please indicate other forms of assistance you are currently receiving, including family help, gifts or loans from friends, etc.

- | | |
|--|--|
| <input type="checkbox"/> Alimony (amount _____) | <input type="checkbox"/> Housing Assistance (amount _____) |
| <input type="checkbox"/> Child Support (amount _____) | <input type="checkbox"/> School Lunch Program (amount _____) |
| <input type="checkbox"/> Social Security (amount _____) | <input type="checkbox"/> Disability Payments (amount _____) |
| <input type="checkbox"/> General Assistance (amount _____) | <input type="checkbox"/> Rent/Mortgage Assistance (amount _____) |
| <input type="checkbox"/> Food Stamps (amount _____) | <input type="checkbox"/> Utility Assistance (amount _____) |
| <input type="checkbox"/> Other government aid (amount _____) | <input type="checkbox"/> Other (amount _____) |

MONTHLY INCOME/EXPENSES:

8. Monthly Net Income _____ (Please include all sources of income.)

9. Monthly Expenses:

Mortgage/Rent	_____	Electricity	_____
Gas	_____	Water	_____
Phone	_____	Medical	_____
Food	_____	Other	_____
Loan Payments	_____	Other	_____

TOTAL: _____

10. Please indicate the amount you can pay towards these programs: \$ _____

11. Would a payment plan be helpful? Yes No

12. Please list any special circumstances not mentioned elsewhere on this form which you feel we should be made aware of when considering your application.

13. Please attach copies of all forms as they may apply.
 Most recent tax return (**mandatory**).
 Documentation of food stamps, social security, disability or public aid assistance.
 Legal Documents regarding divorce/court orders, support arrangements.

Special Notes:

- Please attach a completed Park District Registration Form to this application.
- Be sure all questions have been answered and all necessary documentation provided. Incomplete applications or lack of documentation will result in delays and /or rejections of applications.
- Please allow seven days for the application to be reviewed.
- Qualifying for a scholarship is not a guarantee that the program request attached to the scholarship will be honored.
- Return form to:

Wheeling Park District
333 W. Dundee Road
Wheeling, IL 60090
ATTN: Elliott F. Becker, Finance Director

I/we understand that all information given will be kept confidential and that this information will be evaluated to determine whether I/we qualify for assistance. All information requested on this form must be true and accurate. All requests for scholarships will be evaluated and approved by the Wheeling Park District. All Scholarship awards will be on the basis of need and the availability of funds. Applicants will be notified by phone as soon as practical as to the disposition of this application.

SIGNATURE _____
(Parent/Guardian)

DATE _____