



Date Received	_____	Received by	_____
Guest Notified	_____	Input	_____
Level of Support	_____ %	Approved by	_____

Application for Recreation Programs Scholarship

Date of Request: _____

Applicant's Name: _____ Contact Phone: _____
 Street Address: _____ City, Zip: _____

List all family members residing with you whom you support financially:

Name: _____ Age: _____ Name: _____ Age: _____
 Name: _____ Age: _____ Name: _____ Age: _____
 Name: _____ Age: _____ Name: _____ Age: _____

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

Applicant's Employer: _____ Position: _____
 Address: _____ Annual Income: \$ _____

Secondary Employer: _____ Position: _____
 Address: _____ Annual Income: \$ _____

Spouse's Employer: _____ Position: _____
 Address: _____ Annual Income: \$ _____

Have you participated in this program before? No ___ Yes ___ (If yes, what year? _____)

Indicate all forms of financial assistance you are currently receiving:

Alimony: \$ _____ Child Support: \$ _____
 Social Security: \$ _____ Disability: \$ _____
 General Assistance: \$ _____ SNAP: \$ _____
 Other (specify source): \$ _____

List any special circumstances you feel should be considered in evaluating your application:

Would a payment plan be helpful? No ___ Yes ___

Criteria:

1. Applicants must reside within the boundaries of the Wheeling Park District.
2. One of the household's principal providers must be **actively** serving in the military; **or** the household meets the poverty-level standards defined by the U. S. Department of Health and Human Services.

Required Documentation Checklist:

- U. S. military ID card (Common Access Card) verifying **active duty** military service, **or** a complete and accurate copy of the prior year's Federal income tax return filing (with all social security numbers redacted), including all W-2s
- Copies of court orders regarding divorce and child support arrangements, if applicable
- Photocopy of birth certificate for participants under the age of 18
- Completed Wheeling Park District program registration form

Special Notes:

- Make sure to answer all questions, sign the application, and provide all required documentation to avoid any delay in processing.
- Per Wheeling Park Board policy, scholarship recipients must make a co-pay that varies according to the type of program in which they are enrolled.
- Submitting an application or qualifying for a scholarship is not a guarantee that the program request will be honored.
- Applications will be reviewed in the order in which they are received. **Allow a minimum of seven business days to receive notification of the decision.**

Return application and documents to:

Guest Service Desk
Wheeling Park District
333 W. Dundee Road
Wheeling, IL 60090

I certify I reside within the boundaries of the Wheeling Park District, the above information is true and correct, and all income is reported. I understand the information on this application is being provided solely for the purpose of obtaining a recreation programs scholarship and it will remain confidential. I understand all requests for scholarships will be evaluated by Park District officials and granted on the basis of need and availability of funds. Park District officials may verify information on the application. Deliberate misrepresentation of the information may result in having to make financial reimbursement to Wheeling Park District for any scholarships provided, and forfeiture of future scholarships and possible program participation.

Signature of Applicant/Parent/Guardian

Date