Financial Assistance Scholarship
Application Guidelines

Policy: The Bensenville Park District believes that all residents should have the opportunity to participate in recreational programs. The Park District will attempt to provide enrichment and child care opportunities for residents faced with financial hardship, or, in need of temporary assistance.

Qualification for Scholarship: Documented proof of financial need and residency must be demonstrated to qualify for scholarship programs for Bensenville Park District residents. Items that will be considered when evaluating residency included a recent utility bill and driver licenses. Items that will be considered when evaluating financial needs includes proof of current participation in any government assistance, child support, food stamps, school lunch or subsidized housing programs, excessive medical bills, or other unusual and burdening financial circumstances, all of which require documentation to be included with this application. Photocopies of any or all of the above items must be attached to the application. Letters from service agencies will also be accepted as support.

Procedure: Persons requesting scholarship must complete a Household Information Form and the Financial Assistance Application Form and submit it along with the above necessary documentation outlined above to the Superintendent of Recreation. Applications will be individually reviewed and evaluated. Applicants will be notified within 2 weeks of receiving the application if the application is approved.

Limits on Scholarships: Scholarships will be limited to a maximum of $800 in yearly assistance per family. The Bensenville Park District works on a fiscal year May 1 – April 30. This does not guarantee that a family will receive $800 in assistance, only that a maximum exists. Scholarship awards will only be available to residents of the Bensenville Park District. Scholarships awards will be determined by availability of budgeted funds and are award based on individual need, up to a maximum in of a 45% discount. Scholarships are only available for Day Camp, Pre-School, Learning Ladders, Learning Labs, Lunch Pals and Playtime, Tot School, Before/After School and School Days Off programs. If additional accommodations are needed, please contact Michael Hayes.

Application Guidelines: All information submitted is confidential and is not a matter of public record. All information on the application must be true and accurate. Scholarship funds are legally recoverable if paid and awarded on the basis of false information supplied by applicant. This will nullify your request and any further request for a scholarship. All requests for scholarships will be reviewed by the Superintendent of Recreation. Applications must be submitted for each program guide season. Granting of scholarship does not ensure continued approval for succeeding program guide seasons, as reapplication is required.

Submit to:

Nicole Chesak, Superintendent of Recreation

1000 W. Wood St., Bensenville IL 60106

630-238-4931

NChesak@BvilleParks.org

Financial Assistance Scholarship
Application Form

Name of Applicant: _____ **Date:** _____

New Applicant: _____ **Past Recipient:** _____ *(check one)* Regardless, new documentation must be provided
*Note: Gross Income includes employment income, alimony, child support, food stamps, TANF, housing assistance and any
government assistance. Complete documentation of all is required.

Parent/ Legal Guardian 1: (LIST ALL SOURCES OF INCOME)

Gross Income: $_____ per _____ *(amount and pay period length, such as annual, bi-weekly, etc.)*

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Parent/ Legal Guardian 2: (LIST ALL SOURCES OF INCOME)

Gross Income: $_____ per _____ *(amount and pay period length, such as annual, bi-weekly, etc.)*

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Total Family Household Income (before taxes): _____

Reason for Request: _____

_____

Attached documentation see (2) on previous page, include photocopies.

Program(s) for which you are seeking assistance (2 per person per session)

Participant Name	Program Name	Program Code	Start Date

FOR OFFICE USE ONLY

Approved by   Date