



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: Karen Richardson 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 847-496-6226. 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 Karen Richardson, Scholarship Coordinator at Palatine Park District, 250 E. Wood St., Palatine, IL 60067 or by fax 847-496-6226.

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	
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 AND PHOTO STATEMENT: Visit palatineparks.org to view the Palatine Park District Privacy Policy and Photo Statement.

RELEASE AND HOLD HARMLESS WAIVER

IMPORTANT: The Palatine Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Palatine Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. **WARNING OF RISK:** Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Palatine Park District to guarantee absolute safety. **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK:** Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (*including transportation services and vehicle operations, when provided*). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (*or accrue to me or my child/ward*) as a result of participating in this program/activity against the Palatine Park District, including its officials, agents, volunteers and employees. **I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. 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 _____	