Dear Financial Assistance Applicant:

The Park District is committed to providing recreational opportunities for all members of our community regardless of their financial situation. Eligibility for assistance is based on family size and income level. After reviewing your application based upon the above two factors, the following policies will be implemented:

1. You will be contacted by phone and/or in writing to inform you if you qualify for a financial assistance within 10 days of receiving the initial application form.
2. Families who qualify for assistance will receive 100% discount on program registration fees.
3. Financial assistance is limited to one program per family member per season.
4. Please fill out a corresponding program registration form for consideration. Please be sure to make your request during open registration, prior to the start of class. Late registrations will not be accepted.
5. Limited funds are available for financial Assistance. All program awards are based on the need and availability of funds at the time of applying.

Please make sure you have turned in all required documentation. Please bring copies and not the originals, staff will not be able to make copies. Allow 10 business days for processing. The Park District encourages you to return the information at your earliest convenience. If you have any questions, please contact Derek Harms at 217-544-1751.

Sincerely,

Derek Harms
Director of Recreation
Springfield Park District
Springfield Park District
Financial Assistance
Application Guidelines

Policies:

1. Applications need to be completed for each season/program. **Information on this form will be kept on file and any changes to financial status must be reported promptly by the applicant to the Park District.**
2. All recipients must reside within Park District Boundaries. Employees of the Springfield Park District are not eligible.
3. All information submitted is confidential and is not a matter of public record.
4. All information on the application must be true and accurate.
5. Upon submission of a scholarship request, families will be notified in 10 business days or less of their scholarship status.
6. A complete program registration form should be submitted with the initial request and then solely for future seasonal requests.

Application Procedures:

1. Complete, in full, the Financial Assistance Application Form. Families applying must submit a **copy** of their **latest federal income tax return, W-2s from each adult wage earner and a copy of the most recent pay stub or unemployment stub from each wage earner.**
3. Return completed application and registration form to:
   Springfield Park District
   Attn: Financial Assistance
   2500 S. Eleventh Street
   Springfield, IL 62703
4. Each application will be reviewed and the information verified for the family’s eligibility. Based upon family size and income level, families may be denied or approved.
4. If approved, you will be eligible for assistance for that season.

Program Eligibility

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Maximum yearly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,830</td>
</tr>
<tr>
<td>2</td>
<td>$14,570</td>
</tr>
<tr>
<td>3</td>
<td>$18,310</td>
</tr>
<tr>
<td>4</td>
<td>$22,050</td>
</tr>
<tr>
<td>5</td>
<td>$25,790</td>
</tr>
<tr>
<td>6</td>
<td>$29,530</td>
</tr>
<tr>
<td>7</td>
<td>$33,270</td>
</tr>
<tr>
<td>8</td>
<td>$37,010</td>
</tr>
<tr>
<td>Each additional child</td>
<td>Add $ 3,740</td>
</tr>
</tbody>
</table>
• All registration procedures and policies apply to financial Assistance recipients.

• Initially:
  o Complete the financial assistance forms along with the registration information.
  o Do not include a payment with your initial request. You will be contacted with the results of your request.
  o Upon acceptance into the financial assistance program you will be automatically registered for the program requested, depending on availability.
  o Please be aware that most programs have a maximum participation rate. Late registrations will not be accepted.
  o Your initial request can take up to 10 business days to process.

• For future registration:
  o Fill out financial assistance cover page only.
  o Fill out the registration forms.
  o Additional requests will take up to 24 hours to process.

What programs are financial assistance recipients eligible for:

Financial assistance allows each family member to register for one of the following programs per season:
  • Recreation Classes
  • Camps

Financial assistance cannot be used for:
  • Admission Fees: zoo, aquatics, golf, etc…
  • Memberships: golf, aquatics, zoo, botanical, etc…
  • Food & Beverages
  • Merchandise
  • Adult Leagues
  • Contractual Programs
Springfield Park District
Financial assistance
Application Form

☐ NEW APPLICANT  ☐ SUBSEQUENT APPLICATION

Family Last Name

Father/Guardian’s First Name

Mother/Guardian’s First Name

Marital Status (circle one) Single  Married  Separated  Divorced  Widowed

Name of person to contact?

Daytime Phone

Nighttime Phone

First and Last Name(s) of Children: Please list all children:

1. ____________________________________ Birthday _______ Age: ______

2. ____________________________________ Birthday _______ Age: ______

3. ____________________________________ Birthday _______ Age: ______

4. ____________________________________ Birthday _______ Age: ______

5. ____________________________________ Birthday _______ Age: ______

6. ____________________________________ Birthday _______ Age: ______

Current Street Address ________________________________________________

Current City _______________________________________________________

Has your address changed since last registration? Yes  No

If Yes please list past address: Street: ________________________________

Past City: ________________________________

Page 1
In order to be considered for review of financial assistance it is required that you submit 3 of the most recent pay stubs or unemployment stubs from each wage earner in your household. Each pay stub must show the year-to-date income or it will be returned and your application will not be reviewed at that time.

Please complete the following:

First and Last Name: _______________________________________________________
Employer’s Name: _______________________________________________________
Employer’s Address: _______________________________________________________
Employer’s Phone #: _______________________________________________________
Gross Yearly Income for year ________ $_____________________________________

First and Last Name: _______________________________________________________
Employer’s Name: _______________________________________________________
Employer’s Address: _______________________________________________________
Employer’s Phone #: _______________________________________________________
Gross Yearly Income for year ________ $_____________________________________

First and Last Name: _______________________________________________________
Employer’s Name: _______________________________________________________
Employer’s Address: _______________________________________________________
Employer’s Phone #: _______________________________________________________
Gross Yearly Income for year ________ $_____________________________________

First and Last Name: _______________________________________________________
Employer’s Name: _______________________________________________________
Employer’s Address: _______________________________________________________
Employer’s Phone #: _______________________________________________________
Gross Yearly Income for year ________ $_____________________________________

Page 2
Please review the following and list all other sources or income your household may receive.

- Do you receive Public Assistance: $_________________/Month
- Do you receive Alimony: $_________________/Month
- Do you receive Child Support: $_________________/Month
- Do you receive Unemployment Compensation: $_________________/Month
- Do you receive Social Security Benefits: $_________________/Month
- Do you receive Death Benefits: $_________________/Month

I fully understand that the financial circumstances outlined above will be kept confidential by the Springfield 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 district for any past payments. Each wage earner must sign below.

________________________________________  __________________________
Applicant’s Signature                        Date

________________________________________  __________________________
Applicant’s Signature                        Date
Release of Information

I have voluntarily applied for financial assistance through the Springfield Park District. If approved into the program I will receive financial assistance to offset fees associated with registering for Park District programs. Approval will require the Park District to verify the current size of my family as well as current and past financial status including but not limited to annual and weekly income, alimony, child support, social security benefits, disability benefits etc…

I give the Springfield Park District the authority to verify any information they may require with any local, state of federal agency or organization that I am currently working with or have worked with in the past.

Applicant’s Signature

Date

Applicant’s Signature

Date
Springfield Park District
Financial assistance
Application Form
Checklist

Before submitting your application to the Park District please read and check-off all items of the documents required for your application to be processed.

☐ Completed Application form (5 pages)

☐ A copy of the most recent Federal Income Tax Return and W-2’s from each adult wage earner. If you have not yet filed, you are required to submit it as soon as you have a copy in hand.

☐ A copy of the recent three (3) most recent pay stubs from each wage earner, which must show your year-to-date income (all members of the household who are 18 years or older).

☐ Social Security Recipient Documentation

☐ Public Aid Recipient Documentation

☐ Proof of Alimony/Child Support Payments – If you are a single parent and claim you do not receive child support, you must submit legal documentation stating that you do not receive it.

☐ Unemployment Compensation Documentation

☐ Photocopy of a driver’s license for all heads of household listed on the application.