



Deerfield Park District Grant-In-Aid Application Guidelines

Grant-In-Aid Application Policies

1. Grant-In-Aid applications need only be completed once annually. **Information will be kept on file until December 31 of each year.** It is the applicant's responsibility to keep information current.
2. All Grant-In-Aid recipients must reside within Park District boundaries.
3. **All adults 18 years of age and older must submit the documents on the checklist.** Dependents 19 – 21 years old must show proof that they are full-time college students and this proof must be included with these documents. Proof is a copy of the present semester's bill or other official document showing enrollment.
4. All information submitted is confidential and is not a matter of public record of the Deerfield Park District.
5. All information on the Grant-In-Aid application must be true and accurate. Submission of fraudulent information or misuse will disqualify applicant from current and future scholarships.
6. Limited funds are available for grants. All Grant-In-Aid awards are based on the need and availability of Grant-In-Aid funds at the time of application. **Upon submission of grant request, families will be notified within 5 working days or less of their grant status.** Grant status will be valid throughout the year, expiring December 31 of each year. Each family will be allowed to register for one program per season per family member. The maximum amount of financial assistance per family maybe limited.

Program Registration Policies

1. Specific program registration forms must be turned in each season to the Director of Recreation.
2. Registration forms for any programs should not be submitted until families have received their verification of their grant.
3. Our Grant-In-Aid program does not refund monetary payments. Therefore, if you register and pay out of pocket for a program, a refund will not be issued.

General Guidelines

1. Grant levels will vary based on funding available each calendar year.
2. Each family will be allowed to register for one program per season per family member.
 - a. If you choose Preschool – this counts as a program for the Fall, Winter & Spring seasons.
 - b. If you choose After School Club – this counts as a program for the Fall, Winter & Spring seasons.
 - c. If you choose a camp program – this counts as a program for the Summer season.
3. A maximum number of grants per family per year may be limited.
4. No more than 10% of a program's enrollment can be filled with grant-in-aid registrants. Registration spots will be filled on a first come first served basis, with a lottery held if necessary.

Application Procedures

1. Complete, in full, the Grant-In-Aid Assistance Application Form. Families applying **must** submit a **copy** of: 1. Most current or prior year's federal income tax return; and 2. Three (3) of the most recent pay stubs from **each** wage earner.
2. Return your completed application to the Jewett Park Community Center, 836 Jewett Park Drive, Deerfield, IL 60015, Attention: Director of Recreation or email to Laura McCarty at laura@deerfieldparks.org.
3. The Director of Recreation will review each application and verify each family's eligibility. Based upon family size, income level and extenuating circumstances, families may be denied or approved for funding assistance. Grant status will be good for the calendar year in which applicant applies.
4. For contractual programs where the instructor is paid on a percentage or per student basis, applicant will be asked to pay the direct cost as a minimum.
5. The following programs do not qualify for our Grant-In-Aid program:
 - Birthday Parties
 - Facility Rentals
 - Fitness Center Memberships
 - Golf Memberships

Golf Learning Center/Driving Range

Private Lessons

Team Registrations (including COHO Swim Club)

Merchandise

*other programs may be added to this list at anytime.

Financial aid is only available to residents of the Deerfield Park District and is a direct subsidy of local tax payers and fundraising efforts of the Deerfield Park Foundation.

FOR OFFICE USE ONLY

Approved _____ Not Approved _____
 Date: _____
 Budget Year: _____
 Director: _____

DEERFIELD PARK DISTRICT SCHOLARSHIP APPLICATION

I. SCHOLARSHIP IS REQUESTED FOR:

Participant	Program Name & Number	Fee	Award	Due

II. GENERAL INFORMATION

_____ New Applicant _____ Previous Applicant _____ Years

1 Family Name: _____

Parent/Guardian 1: _____ Parent/Guardian 2: _____

First Name Last Name First Name Last Name

Children's Last Name if Different From Parents/Guardian: _____

2 Present Address: _____

Home Phone (Parent/Guardian 1): _____

Work Phone (Parent/Guardian 1): _____

Home Phone (Parent/Guardian 2): _____

Work Phone (Parent/Guardian 2): _____

3 Marital Status: _____ Single _____ Married _____ Divorced
 _____ Separated _____ Widowed

4 Total Number in Household: _____

- | | |
|---------------------------------|---------------------------------|
| 1. First Name: _____ Age: _____ | 6. First Name: _____ Age: _____ |
| 2. First Name: _____ Age: _____ | 7. First Name: _____ Age: _____ |
| 3. First Name: _____ Age: _____ | 8. First Name: _____ Age: _____ |
| 4. First Name: _____ Age: _____ | 9. First Name: _____ Age: _____ |

5. First Name: _____ Age: _____ 10. First Name: _____ Age: _____

5 Rent or Mortgage: _____ Own _____ Rent Monthly Payment: \$ _____

6 Cars
a. _____ Own _____ Have monthly payment of \$ _____
Year _____ Make of Car _____
b. _____ Own _____ Have monthly payment of \$ _____
Year _____ Make of Car _____

III. FINANCIAL RESOURCES

1 Public Assistance

Do you receive Public Assistance: _____ Yes _____ No
(If yes, please check all that apply and **attach a copy** of card or documentation.)

<u>Agency</u>	<u>Contact Person</u>
_____ Public School	_____
_____ Township	_____
_____ Subsidized Housing	_____
_____ Public Aid	_____
_____ Food Stamps	_____
_____ Other	_____
_____	_____

2 Employment

Families must submit a copy of their most recent year's federal income tax return.
Please complete the following:

Husband: Employer: _____
Address: _____
Employer Phone #: _____
Gross Yearly Income: _____

Wife: Employer: _____
Address: _____
Employer Phone #: _____
Gross Yearly Income: _____

Other: Employer: _____
Address: _____
Employer Phone #: _____

Gross Yearly Income: _____

*Total Employment Income: _____

3 Other Cash Resources (check all that apply)

Amount Per Month x 12 - Yearly Total

_____ Alimony/maintenance	\$ _____	x 12 = \$ _____
_____ Child Support	\$ _____	x 12 = \$ _____
_____ Social Security Income	\$ _____	x 12 = \$ _____
_____ Unemployment Compensation	\$ _____	x 12 = \$ _____
_____ Workmen's Compensation	\$ _____	x 12 = \$ _____
_____ Disability Income	\$ _____	x 12 = \$ _____
_____ Current Savings (Parents & Children)	\$ _____	x 12 = \$ _____
_____ Assets (i.e. Properties, C.D.'s, etc.)	\$ _____	x 12 = \$ _____
_____ Death Benefits	\$ _____	x 12 = \$ _____
_____ Other _____	\$ _____	x 12 = \$ _____

TOTAL FINANCIAL RESOURCES \$ _____

IV. EXTENUATING EXPENSES

The following information will assist us to better understand any extenuating financial circumstances you incur.

1. Medical expenses (other than deductibles) not covered by insurance \$ _____

Please specify medical condition resulting in the expense(s): _____

2. Child Care \$ _____ per month x 12 months = _____

Name of provided: _____ Phone number: _____

3. Other, please specify: _____

V. EXPLANATION OF EXTENUATING CIRCUMSTANCES

Please explain the extenuating circumstances that necessitate applying for financial assistance. (If additional space is needed, please add a sheet.) _____

VI. SIGNATURE

I fully understand that the financial and extenuating circumstances outlined above will be kept confidential by the Park District. Furthermore, I understand that it is my responsibility and obligation to immediately notify the Park District of any changes financial status.

Applicant's Signature

Date

Please return form marked "Confidential" to Director of Recreation, Deerfield Park District, 836 Jewett Park Drive, Deerfield, IL 60015.

For Office Use Only

Grand Total Financial Resources	\$ _____
Less Extenuating Expenses	\$ _____
Adjusted Income	\$ _____
Family Size	\$ _____
Park District % Subsidy Granted	\$ _____
Family % of Contribution	\$ _____