

# LINCOLNWAY SPECIAL RECREATION ASSOCIATION SCHOLARSHIP PROGRAM

## **Policy**

It is the opinion of the Lincolnway Special Recreation Association (LWSRA) that every resident should have the opportunity to participate in recreational programs. The Association will attempt to provide leisure opportunities for residents faced with financial hardship through the provision of program options with inexpensive fees, as well as through the financial assistance program. All scholarship funds are obtained through donations to LWSRA. Each year the amount available will depend on donations received and number of requests.

## **Qualification for Financial Assistance**

Proof of financial need must be demonstrated to qualify for financial assistance. Items that will be considered when evaluating need include current participation in public aid, food stamp, school lunch or subsidized housing programs, excessive medical bills and family income. Financial assistance through LWSRA is available to individuals considered residents of the following park districts: Frankfort, Manhattan, Mokena, New Lenox, Peotone and Wilmington Island.

## **Guidelines Procedure**

1. The application form must be filled out completely. If the form is not complete it will be returned which will delay the application process.
2. All information submitted is confidential and is not a matter of public record.
3. All information submitted on the application must be true and accurate. Scholarships awarded on the basis of false information knowingly supplied by the applicant will be nullified and future assistance jeopardized.
4. The financial assistance application and the registration form must be returned as soon as possible.
5. The Director or Superintendent of Recreation will review the application and the applicant will be notified as soon as possible.
6. All scholarships will be awarded on the basis of need and availability of scholarship funds.
7. Scholarship applications must be submitted each calendar year.
8. Financial assistance will be awarded on a per person, per program, per season basis. Granting of financial assistance does not ensure continued approval for succeeding sessions.

## **Limits on Scholarships**

1. It is the policy of LWSRA to not grant full scholarships. An individual may qualify for up to one half of program fees and up to two programs per season.
2. At least 20% of the total amount due must be paid at registration and payment plans are available for the remaining fees. Fees owed must be paid in full by the end of the current season.
3. Scholarships are not awarded for overnight trips and ticketed events.
4. Scholarships are not awarded for transportation fees.
5. Scholarships are not awarded for extra expenses that are not included in the program fee such as supply costs, meals, and tournament fees.
6. Scholarship awards will not exceed \$400.00 per person per year, based on documented need, availability of funds, and approval.

If you have any questions, please contact the Superintendent of Recreation at (815) 320-3500

**LINCOLNWAY SRA SCHOLARSHIP APPLICATION**

**2017 Calendar Year**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Park District: \_\_\_\_\_

Person requesting assistance: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

I hereby request financial assistance for (please fill in program(s) and fee(s):

PROGRAM NAME                      FEE                      AMT. AWARDED                      BAL. DUE

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Total cost: \_\_\_\_\_ Total awarded: \_\_\_\_\_ Total due: \_\_\_\_\_

Application received: \_\_\_\_\_ Registration received: \_\_\_\_\_ Applicant notified: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

PROGRAM NAME                      FEE                      AMT. AWARDED                      BAL. DUE

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Total cost: \_\_\_\_\_ Total awarded: \_\_\_\_\_ Total due: \_\_\_\_\_

Application received: \_\_\_\_\_ Registration received: \_\_\_\_\_ Applicant notified: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

PROGRAM NAME                      FEE                      AMT. AWARDED                      BAL. DUE

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Total cost: \_\_\_\_\_ Total awarded: \_\_\_\_\_ Total due: \_\_\_\_\_

Application received: \_\_\_\_\_ Registration received: \_\_\_\_\_ Applicant notified: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

**FINANCIAL INFORMATION**

\_\_\_\_\_ Public aid Aid number \_\_\_\_\_

\_\_\_\_\_ Food stamps Case number \_\_\_\_\_

\_\_\_\_\_ School lunch program School attending \_\_\_\_\_

\_\_\_\_\_ Subsidized housing Name of unit \_\_\_\_\_

\_\_\_\_\_ DCFS: Caseworker's name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Total household family income \$ \_\_\_\_\_

\_\_\_\_\_ Excessive medical bills. Please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other financial difficulties. Please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you own your home? Yes \_\_\_\_\_ No \_\_\_\_\_ Rent? Yes \_\_\_\_\_ No \_\_\_\_\_

Mortgage/rent payments per month \$ \_\_\_\_\_

Number of persons you support \_\_\_\_\_

I understand that all information given to **LWSRA** is not a matter of public record and is kept confidential. I understand that the information I provide will be evaluated to determine whether I qualify for financial assistance.

I understand that all awarding of money will be determined by need and the availability of funds. I will be notified at the earliest possible date as to the decision of **LWSRA** Administration.

I will make **LWSRA** aware of any change of financial status that occurs.

I assert that I have answered all the questions honestly and to the best of my knowledge. All the information I have provided is true, correct and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_