

**VILLAGE OF VILLA PARK
PARK & RECREATION DEPARTMENT
SCHOLARSHIP ASSISTANCE PROGRAM**

PURPOSE

It is the opinion of the Park & Recreation Department that every resident should have the opportunity to participate in recreation programs. Accordingly, the Department provides a scholarship assistance program for residents faced with financial hardship.

CRITERIA

Eligibility for consideration is based on one or more of the following. *The Department reserves the right to approve or deny an applicant's request.*

1. Applicants must reside within the corporate limits of Villa Park. The Department reserves the right to request proof of residence.
2. The applicant qualifies for Illinois Public Assistance, Medicaid, food stamps, Department of Human Services assistance, disability or other government aid.
3. The applicants' income falls within the guidelines for low-income families (children qualify for reduced fee hot breakfast/lunch program). See attached.
4. The applicants' income has been negatively impacted by temporary extenuating circumstances. This must be thoroughly defined in a letter of explanation with supporting documentation.
5. The applicant must provide recent W2, two pay check stubs plus two other forms of supporting documentation.

APPLICATION GUIDELINES

Information provided to the Department by the applicant is confidential. Information provided by the applicant must be true and accurate. Failure to provide true and accurate information will result in the fees being payable in full by the applicant and forfeiture of future ability to receive financial assistance.

1. Applicants may only receive assistance for one program per person per season. A new application must be submitted each season.
2. The completed Scholarship Assistance Application, registration form and signed waiver must be submitted a *minimum* of ten (10) business days prior to the start of the desired program. Applications will be reviewed and the applicant will be notified at least three (3) business days prior to the start of the program. Applications received less than ten, (10), business days prior to the start of the program may not be considered. *To ensure a reservation in the desired program, pending approval, it is recommended to submit all the necessary paperwork prior to ten, (10), business days before the start of the program.*
3. A scholarship award is based on available funds and the applicant's ability to provide supportive documentation.
4. The applicants portion of the registration fee must be paid before we can process your registration.
5. Scholarships will not be awarded for Sugar Creek Golf Course greens fees or associated programs and for extended use of the Departments child care program.
6. Monetary refunds are not available on any program supported by a scholarship. Requests to transfer to another program after the award of a scholarship will be considered after completion of a "Request to Transfer" has been completed.

**VILLAGE OF VILLA PARK
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SCHOLARSHIP ASSISTANCE APPLICATION**

This application, along with the completed registration form and signed waiver, must be completed and submitted to either Recreation Department office: the Iowa Community Center, 338 N. Iowa, or the Community Recreation Building, 320 E. Wildwood, a minimum of ten, (10), business days prior to the first day of the requested program.

Family: _____ Address: _____

Phone: home _____ work _____ cell _____ email _____

Person completing the application: _____ Relationship to participant: _____

Type of assistance requested: Scholarship Payment plan
(Please Circle One)

<u>Participant Name</u>	<u>Program Name</u>	<u>Code#</u>	<u>Full Fee</u>	<u>Amount of Assistance requested</u>

Total \$ Amount Requested: _____ # of Dependents: _____

Please provide a copy of your most recent W2 and the last two pay check stubs from all working family members

Please check at least two additional items you have included to support your need:

'	IPA	'	Food Stamps
'	School Breakfast/Lunch Program	'	Subsidized Housing
'	Excessive Medical	'	Job Loss

Other: Please explain: (attach a separate sheet if necessary) _____

Signature _____ Date _____

For Office Use Only

Date received: _____

Scholarship amount recommended: _____

Reviewed by: _____

Authorization: _____