



**Parks Foundation of Franklin Park
Financial Assistance / Scholarship Program**

Purpose of Program

The Parks Foundation of Franklin Park provides recreational opportunities. Based on availability of funds, the Parks Foundation will attempt to provide assistance for those residents who qualify due to financial hardship. The Parks Foundation reserves the right to approve full or partial funding or deny an applicant’s request.

Required Documentation – Applications cannot be considered without submitting the following documents: (The Parks Foundation may require additional documents if deemed necessary.)

1. Copy of most recent federal income tax return.
2. Program Registration Form
3. Proof of Residency: Copy of Driver’s License or other current item with name and address

Qualifications and Limitations for Financial Assistance

- All applicants must reside within the boundaries of the Park District of Franklin Park.
- Scholarships are available for all recreation programs,
- Financial assistance is limited to one program, per person, per seasonal brochure, up to \$100, and \$500 per family per year. Applications must be completed seasonally. Granting of approval does not ensure continued approval for succeeding programs or seasons.
- Placement in requested program(s) is based on class availability.
- Participant’s portion of payment is due at time of registration.
- Delinquency on participant’s portion of the payment may result in ineligibility for future program participation and/or financial assistance.
- All registration policies and procedures apply to financial assistance/scholarship applicants.
- Financial assistance will be awarded on a first come first served basis, based on need and availability of funds. The Parks Foundation reserves the right to approve full or partial funding or deny an applicant’s request.

The following household size and pre-tax income criteria will be used as a guideline for determining eligibility for financial assistance. Amounts are subject to change. The Parks Foundation reserves the right to consider individual circumstances such as excessive medical bills when determining eligibility.

| Household Size | Total Household Income |
|-----------------------|-------------------------------|
| 1 | \$26,973 |
| 2 | \$36,482 |
| 3 | \$45,991 |
| 4 | \$55,500 |
| 5 | \$65,009 |
| 6 | \$74,518 |
| Each Additional | \$9,509 |



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APPLICATION FORM**

To be considered for financial assistance, this form must be filled out completely and submitted with the required documents. Return completed application, required documents and registration form to the Parks Foundation of Franklin Park, 9560 Franklin Avenue, Franklin Park, Illinois 60131.

Your Name _____ Relationship to Program Participant _____

Participant(s) Name _____

Street Address _____, Franklin Park, Illinois 60131

Phone _____ Email _____

Please list each household member:

| | Name | Age | | Name | Age |
|---|------|-----|---|------|-----|
| 1 | | | 5 | | |
| 2 | | | 6 | | |
| 3 | | | 7 | | |
| 4 | | | 8 | | |

Please describe any additional information or reasons for financial hardship that may be helpful in determining assistance: (include additional paper if necessary)

Submit with your application:

- Program Registration Form: NOTE:** Your registration will not be processed until the scholarship is approved and your co-pay is submitted.
- Proof of Residency:** Copy of Driver’s License or other current item with name and address.
- Other Required Documents:** Copy of most recent federal income tax return,

I certify that the above information is true, correct and all income is reported. I agree to repay, in full, any financial assistance awarded based upon falsified information. This information is being given to the Parks Foundation of Franklin Park as application for financial assistance / scholarship only and will remain confidential. Parks Foundation officials may verify the information on the application, and deliberate misrepresentation of the information will result in forfeiture of future assistance privileges and possible program participation.

Signature of Person Completing Application/Applicant

Date