

The Washington Park District is accepting applications for their Scholarship Program for the summer 2019 brochure season.

Scholarship Program funding is being offered for up to \$125 for one session (week) of any summer athletic camp listed below or traditional summer day camp running from June 3rd – August 9th.

*****Qualified candidates will be able to attend one camp only*****

Please apply early as funds are on a limited time basis.

All applications must be completed and submitted to the Washington Park District by April 19th. We will then review them and you will be contacted to may make payment to complete the transaction.

SCHOLARSHIP PROGRAM GUIDELINES



It is the policy of the Washington Park District that every resident has the opportunity to participate in recreational programs offered by the District. The Park District will attempt to provide leisure opportunities for residents faced with financial hardship.

Persons requesting scholarships must complete the appropriate form and submit it to the Park District Administration Office along with documentation/proof of need. Applications will be individually reviewed and evaluated. Applicants will be notified of decision within three weeks of submission.

Application Guidelines:

- All information submitted is confidential.
- All information on the application must be true and accurate. Scholarship funds are legally recoverable if paid and awarded on the basis of false information supplied by applicant, and will nullify your request for a scholarship.
- The Executive Director or Recreation Manager of the Washington Park District will review all requests.
- Scholarship is limited to one award per 4-month period and be determined by need and available funds.
- Scholarships are available for residents of Washington Park District taxing boundary only.

Washington Park District Scholarship Information

The intent of the scholarship program is to offer assistance to individuals wishing to participate in recreational programs and activities, who reside within the Washington Park District boundaries, who may not otherwise have the means available to participate. With every program, we ask that you make every effort to contribute as much as you can to make this program helpful for as many people as possible.

Scholarship Program funding is available up to \$125 for one session (week) of a summer athletic camp or traditional summer day camp running from June 3rd – August 9th.

The participant shall pay a minimum of **\$5.00** toward each of the above program registration fees. If the program fee exceeds \$125, the participant shall pay the additional amount. Scholarship money can only be used for that program during the summer 2019 period listed.

Eligibility:

To register for this one session (week) athletic or summer day camp program and apply for scholarship assistance, visit the Washington Park District Recreation Facility at 105 S. Spruce St. NOTE: No late applications will be accepted after the April 19th deadline.

Proof of Residency and Identification – Driver’s License, CILCO Bill, Current Signed Lease, Tax Bill, etc...

Proof of Income – Public Aid Card, proof of eligibility for free lunch program, proof that participant is in a certified foster home, medical card, or parent/guardian’s most recent U.S.1040. If using the most recent U.S. 1040 as proof of income, the child must be listed as a dependent.

Income Guidelines for Scholarship (based on the United States Department of Agriculture)

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508



WASHINGTON PARK DISTRICT
 105 S. Spruce St.
 WASHINGTON IL 61571
 (309) 444-9413



SCHOLARSHIP ASSISTANCE REQUEST

Participant Name _____

Parent/Guardian Name _____ (addresses must be the same)

Address _____ City _____ Zip _____

Day Phone _____ Night Phone _____

Extenuating circumstances to consider: _____

Please list your three top choices:

Program Name _____ Program Code _____

Program Name _____ Program Code _____

Program Name _____ Program Code _____

The information you provide on this request form will be treated confidentially and only used for eligibility determination. You will be notified by mail if the request has been approved.

Parent/Guardian Signature _____ Date _____

Below for office use only

Must have copies of one of the following attached to this form from each list

Proof of Income

- Current Medical Card
- Resides in certified foster home
- US 1040 with the participant listed as dependent
- Proof of free lunch participation

Proof of Residency in Washington Park District Taxing Boundary

- Driver's License
- Ameren Bill
- Current lease signed
- Tax bill from Tazewell County

<p><i><u>This box will be completed after approval by supervisor.</u></i></p> <p>Amount of program: _____</p> <p>Paid by participant: _____</p> <p style="text-align: center;">(At least \$5)</p> <p>Paid by scholarship: _____</p> <p>Approved by: _____</p> <p>Date: _____</p>
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