

BOLINGBROOK PARK DISTRICT FINANCIAL ASSISTANCE APPLICATION

Financial assistance is only available to Bolingbrook residents. Applicant is required to establish a RESIDENT ID household in order to participate in the program.

Financial assistance program is for programs and summer pool passes. Assistance <u>MAY NOT</u> be applied toward the annual fitness memberships and annual aquatic memberships, life guard training course and Boughton Ridge Golf Course green fees.

Below are list of the max and set award amounts for the following areas:

Program	Financial Assistance-Award Percent
REACH	15%, flat, no variance
Summer (Pelican) Pool Pass	25%, flat, no variance
Nature & Camp Alotta Fun	25%, flat, no variance
Preschool Programs	25% maximum
All other Programs	40% maximum

Submit completed Financial Assistant form along with Program Registration form and required documentation to Beth Benner, Administrative Assistant, Bolingbrook Park District, 201 Recreation Drive, Bolingbrook, IL 60440.

Application Guidelines (must comply with the following to be considered for assistance)

- 1. Aid is confidential and is not a matter of public record.
- 2. Applications will be accepted each program season: Winter, Spring, Summer and Fall no later than two weeks before the requested program or service begins.
- 3. Financial Assistance will not be awarded to prepaid classes.
- 4. All awards will be awarded on the basis of need and availability.
- 5. Granting of financial assistance does not ensure continued approval for succeeding sessions.
- 6. There is a maximum of **one program** granted for each participant per session.
- 7. Once financial assistance is approved a \$25 down payment is required. A payment plan will be set up for the balance. Failure to meet payment schedule may result in being removed from class.
- 8. Application must be completed in full and all pertinent records must be presented before the applicant is considered for assistance. All applicants must include a "program registration form" plus one of the following:
 - a. A letter from the Department of Human Services, or a similar agency with proof of Public Aid, Welfare, Foster Care, etc...
 - b. A letter indicating a child has been approved for reduced or free school lunch program with dates of eligibility.
 - c. A copy of Medicaid card with dates of eligibility.
- 9. The Bolingbrook Park District reserves the right to deny applicant's request.

General Inform	<u>nation</u>				
New Applican	t Past Ro	ecipient			
Name of Parent/Gua	erdian: First			Last	
Current Address: _	Street Number & Name		ity	Zip	
Home Phone:		Cell Pho	one:		
Email Address:					
Documentation	on (check one hardship	and attac	n documen	tation)	
☐ Public Aid/Welfa	re \Box F	ood Stamps,	Link Card		
☐ Medicaid Card	□s	chool Lunch	Program		
Other Financial D	Difficulties Reason				
provided and permis	ces (i.e. social service ag sion given below for the financial need. Provision	m to supply	the Bolingbi	ook Park Dist	rict with information
Agency	Address	City	Zip	Phone	Name
1					
by the Bolingbrook P notify the Park Distr correct to the best of this program and wi	at the financial circumsta ark District. Furthermore rict of any changes in m of my knowledge. Any in Il require me to reimbur may be asked to produ	e, I understa ny financial s ncorrect info rse the Bolin	nd that it is status. The rmation wil	my responsibi information placed automatically District for a	lity and obligation to provided is true and y disqualify me from ny past payments. I
Applicant's Signature	 e			Dat	 :e

OFFICE USE ONLY:	
Date Received in Administrative Office:	
Amount Awarded:	
Payment Schedule:	
□ No Assistance – Payment Plan:	

A special thank you to Bolingbrook Bank & Trust for sponsoring this important program.



AWINTRUST COMMUNITY BANK