



CLARENDON HILLS PARK DISTRICT

315 CHICAGO AVENUE
CLARENDON HILLS, ILLINOIS 60514
(630) 323-2626
FAX: (630) 323-5362

CLARENDON HILLS PARK DISTRICT SCHOLARSHIP PROGRAM

Policy

The Clarendon Hills Park District holds the opinion that all Clarendon Hills Park District Residents have the opportunity to participate in its programs regardless of financial hardships.

Qualifications

1. A Clarendon Hills Park District Resident
2. A completed Program Registration Form must accompany the Scholarship Application Form

Address

Persons requesting a scholarship are required to complete a Scholarship Application Form and a Program Registration Form. Please submit these to the park district office at 315 Chicago Avenue, Clarendon Hills, IL 60514 and mark the envelope "Confidential" to the Executive Director. Applications will be reviewed on an individual basis, and notification of a decision will be given within approximately 1 (one) week of the received application.

Limitations

Scholarships are not available for Season Pool Passes, Special Events, Trips and Independent Contractor recreational programs as determined by the Executive Director. The maximum amount that will be issued to a household in a fiscal year (May 1-April 30) is \$500.00. The Executive Director has the authority to award total or partial scholarships, deny an applicant's request and to verify any information on the scholarship application.

Application Guidelines

- ✓ All information on the application must be true and accurate. Scholarships are legally recoverable if paid and awarded on the basis of false information.
- ✓ All scholarships will be on the basis of need and availability of scholarship funds which are approved by the Park Board of Commissioners each May 1st.
- ✓ Applications must be submitted for each session. Granting of scholarships for one session does not ensure the continued approval of succeeding sessions.
- ✓ All information submitted shall remain confidential and is not public information

CLARENDON HILLS PARK DISTRICT SCHOLARSHIP APPLICATION FORM

Name of Applicant: _____
(First) (Last)

Name of Participant #1: _____
(First) (Last)

Name of Participant #2: _____
(First) (Last)

Address: _____
(Street) (City) (Zip Code)

Home Telephone: _____ Cellular Phone: _____

Note: The maximum amount that will be issued to a household in a fiscal year (May1-April 30) is \$500

Recreational Program: _____ Code #: _____ Fee: _____

Recreational Program: _____ Code #: _____ Fee: _____

Recreational Program: _____ Code #: _____ Fee: _____

Reason for Request: _____

Total Household Income per month: \$ _____

If the Executive Director needs further financial verification, the following information will be requested.

1. Most Recent Federal Tax Return for all Adult Wage Earners in the household; and
2. Most Current Pay Stub for all Adult Wage Earners in the household;

I certify that the above information is true and accurate to the best of my knowledge and understand that its accuracy will be verified. Furthermore, I hereby voluntarily and unconditionally grant my consent to the Clarendon Hills Park District to conduct such investigation as is necessary to verify the accuracy and completeness of this application.

(Date)

(Signature of Applicant)

OFFICE USE ONLY

Date Application Received: _____ Budget Code: _____

Request Approved: _____ Budget Code: _____

Request Denied: _____ Budget Code: _____

FINAL ALLOCATION
Amount \$ _____