



**CRYSTAL LAKE PARK DISTRICT**  
**SCHOLARSHIP ASSISTANCE PROGRAM**  
**Crystal Lake Park District Residents Only**

It is the opinion of the Crystal Lake Park District that every resident have the opportunity to participate in recreational programs. The park district will attempt to provide leisure opportunities for residents faced with financial hardship. Scholarships are not available for trips and contractual programs. The Park District reserves the right to place scholarship recipients in alternate sessions of the requested program.

**Qualifications for Scholarship**

Proof of financial need must be demonstrated to be qualified for the scholarship program. Items that will be considered when evaluating the need include current participation in public aid, food stamps, school lunch program, subsidized housing programs, excessive medical bills or other unusual and financial burdening circumstances.

**Procedure**

Persons requesting scholarship must submit a completed Scholarship Application for Assistance Form, and a Family Registration Card. Applications will be individually reviewed, and evaluated. Applicants will be notified within two weeks of submission.

**Application Guidelines**

1. All information submitted is confidential and is not a matter of public record.
2. All information on the application must be true and accurate. If false information, omissions, or misrepresentations are discovered, the application may be rejected. Fees are legally recovered if paid, and awarded on the basis of false information supplied by an applicant, and will nullify a scholarship request.
3. All scholarships will be evaluated on the basis of need and availability of scholarship funds. The Park District reserves the right to approve full or partial funding or deny an applicant's request.
4. All requests for scholarships will be evaluated by the Superintendent of Recreation.
5. Applicants must notify the park district of any changes in need, income, or expenses that were used as a basis for awarding a scholarship.
6. A copy of the most recent W-2 form(s) and a photo copy of your Illinois Driver's License or State I.D. must be attached to the scholarship application.
7. Applications must be submitted each year. Granting of scholarships does not ensure continued approval for succeeding years.

If you have any questions, please contact the Superintendent of Recreation, at 815-459-0680, ext 216.



COMPLETE REVERSE SIDE

Reason for Applying for Assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References - List below one or more schools or social agencies for reference check

1. \_\_\_\_\_ Phone # \_\_\_\_\_  
2. \_\_\_\_\_ Phone # \_\_\_\_\_  
3. \_\_\_\_\_ Phone # \_\_\_\_\_

Please check items below indicating financial assistance that you currently receive.

\_\_\_ Public Aid Case # \_\_\_\_\_  
\_\_\_ Food Stamps  
\_\_\_ School Lunch Program  
Name of School \_\_\_\_\_  
\_\_\_ Subsidized Housing  
\_\_\_ Excessive Medical Bills

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Other

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINANCIAL INFORMATION:

MONTHLY INCOME

Your Salary..... \$ \_\_\_\_\_  
Spouses Salary..... \$ \_\_\_\_\_  
Alimony..... \$ \_\_\_\_\_  
Child Support..... \$ \_\_\_\_\_  
Unemployment Compensation... \$ \_\_\_\_\_  
Other..... \$ \_\_\_\_\_  
Total Monthly Income \$ \_\_\_\_\_

MONTHLY EXPENSES

Mortgage or Rent..... \$ \_\_\_\_\_  
Auto Payment..... \$ \_\_\_\_\_  
Child Care..... \$ \_\_\_\_\_  
Child Support..... \$ \_\_\_\_\_  
Credit Cards..... \$ \_\_\_\_\_  
Insurance Auto/Health..... \$ \_\_\_\_\_  
Other..... \$ \_\_\_\_\_  
Car Payment..... \$ \_\_\_\_\_  
Total Monthly Expenses \$ \_\_\_\_\_

Automobile Information:

Make \_\_\_\_\_  
Model \_\_\_\_\_  
Year \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

Automobile Information:

Make \_\_\_\_\_  
Model \_\_\_\_\_  
Year \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected.”

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

➤ Attach the Program Registration Form.

➤ Attached copy of most recent W-2 Statement(s) and Current Illinois Driver’s License or State I.D.