



Scholarship Information Packet

Explanation of Benefits

Eligibility for assistance is based upon family size, income levels and extenuating circumstances. After the application is reviewed, the following will be implemented:

1. Each family will be assigned a percentage of assistance: up to 20%, depending on the information provided.
2. Each family's percentage of contribution must be paid promptly. The due date will be listed on the transaction receipt emailed to you.
3. Applicant must notify the Park District if there is a change in the financial situation.
4. Each family member will be allowed to register for one program per season per family member.
 - Seasons are designated as follows:
Programs meet
Winter: January – March Spring: April – May
Summer: June – August Fall: September – December
 - Camp programs will be advertised in the Winter/Spring brochure and will count towards the summer season.
5. Late registrations may not be accepted. All registration is dependent on space availability and number of instructors.
6. Applicants need to allow 7-10 business days for approval and should allow for enough time before the program registration deadline.

Before submitting your Scholarship application to the Park District, please read and check off the boxes of the documents required for your application to be processed. Please allow 7-10 business days for the application process.

- _____ Completed application
- _____ Completed registration form
- _____ Provide a copy of the most recent Federal Income Tax Return and W-2's from each adult wage earner.
- _____ Provide a copy of (3) of the most recent pay stubs from each wage earner which must show your year-to-date income.
- _____ Provide Public Aid Recipient documentation
- _____ Provide proof of alimony/child support payments. If you are a single parent and claim you do not receive child support, you must submit legal documentation stating that you do not receive it.
- _____ Provide a copy of unemployment compensation documentation
- _____ Provide a photocopy of a current driver's license or state id showing current residency for all heads of household listed on application



Scholarship Application Procedures

1. Applications need only be completed once annually. Any changes to financial status must be reported promptly by the applicant to the Park District.
2. All Scholarship recipients must reside within the Crystal Lake Park District boundaries.
3. All information submitted is confidential and is not a matter of public record.
4. All information on the Scholarship application must be true and accurate.
5. Limited funds are available for scholarships. All scholarships awards are based on the need and availability of scholarship funds.
6. Each family member will be allowed to register for one program per season per family member.
 - Seasons are designated as follows:
Winter: Jan – Mar Spring: Apr – May Summer: Jun – Aug Fall: Sept – Dec
 - Camp programs will be advertised in the Winter/Spring brochure and will count towards the summer season.
7. Families will be notified within 7-10 business days. Registration should be submitted with the initial scholarship request and then solely for future seasonal requests.
8. Families applying must submit a copy of their latest Federal Tax Return, W-2s from each adult wage earner and a copy of the most recent pay stub from each wage earner, a copy of a current driver's license or state id, and any public assistance documentation.
9. Completed application is to be returned to the Superintendent of Recreation Programs and Facility Services at 1 E. Crystal Lake Ave, Crystal Lake, IL 60014
10. If approved, assistance is valid for one year from the application date and funds are still available.

Scholarship Aid can be applied to the following:

- Recreation classes
- Camps
- Extended Time
- In-House athletic leagues
- Preschool

Scholarship Aid cannot be used for the following:

- Adult Leagues
- Racquet Club membership and programs
- Golf Learning Center
- Contractual Programs

For Future Registration:

- Fill out Scholarship cover page only
- Fill out program registration form
- Submit documents in person at the Administrative Office
- Scholarship award to be confirmed
- Additional requests take up to 48 hour to process
- Applicant will be notified by phone or email

If you have any questions, please contact
Kurt Reckamp, Superintendent of Recreation Programs and Facility Services
815-459-0680 ext. 1216 or kreckamp@crystallakeparks.org



CRYSTAL LAKE PARK DISTRICT

Scholarship Application

_____ Today's Date

**Completed applications and requested documentation must be dropped off at the Administrative Office
Attn: Kurt Reckamp | 1 E Crystal Lake Ave | Crystal Lake, IL 60014**

_____ New Applicant _____ Subsequent Applicant

Family Last Name _____

Applicant's First Name _____

Spouse's First Name _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

First and Last Name(s) of Children:

1. _____ Birthdate/Age: _____
2. _____ Birthdate/Age: _____
3. _____ Birthdate/Age: _____
4. _____ Birthdate/Age: _____
5. _____ Birthdate/Age: _____
6. _____ Birthdate/Age: _____

Address _____

Home Phone _____ Cell Number _____

Email _____

Please review the following and list any information that would pertain to your household:

- Do you receive Public Assistance? \$ _____ / Month
- Do you receive Alimony? \$ _____ / Month
- Do you receive Child Support? \$ _____ / Month
- Do you receive Unemployment Compensation? \$ _____ / Month
- Do you receive Social Security Benefits? \$ _____ / Month
- Do you receive Death Benefits? \$ _____ / Month
- Home _____ Own _____ Rent \$ _____ / Month
- Car(s) _____ Own _____ Rent \$ _____ / Month

I fully understand that the financial and extenuating circumstances outlined above will be kept confidential by the Crystal Lake Park District. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of any changes in financial status.

Each wage earner must sign below.

X _____ X _____

1. Applicant's Signature / Date

2. Applicant's Signature / Date

Approved: _____

Superintendent of Recreation Programs and Facility Services / Date

ACTIVITY REGISTRATION FORM

SCHOLARSHIP APPLICATION AND REQUESTED DOCUMENTATION MUST ACCOMPANY THIS REGISTRATION FORM



1 E. Crystal Lake Avenue | Crystal Lake, IL 60014 | 815-459-0680

I would like to receive the Park District E-Newsletter Yes No

Please Indicate Special Accommodations Needed:

Head of Household Information - Please Print

First Name

Last Name

Address

City /State

Birthdate

Home Phone

Cell Phone

Emergency Phone During Programs

Email:

Participant and Activity Information - Please Print

AMOUNT
APPROVED
To Be
Completed by
Supintendent

Activity Code #	Description	Last Name	First Name	Gender M-F	Birthdate	Activity Fee	

Check / Cash / Credit Card

Total Payment Received:

EXTENDED TIME REGISTRATION	Start Date	School Attending				
	Circle Number of Days/Times Attending	5	3	AM	PM	BOTH
PRESCHOOL REGISTRATION	Start Date					
	Circle Number of Days	2	3	4	5	

Crystal Lake Park District Waiver and Release of All Claims and Assumption of Risk

Important Information: The Crystal Lake Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Crystal Lake Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. **Warning of Risk:** Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Crystal Lake Park District to guarantee absolute safety. **In the event of an emergency,** I authorize the Crystal Lake Park District to secure any/all necessary medical attention from my accredited hospital and/or ward and further agree that I will be responsible for any and all medical services rendered. I further understand that my signature is required below in order to participate in Crystal Lake Park District programs. **PARTICIPATION WILL BE DENIED** if the signature of adult participant or parent/guardian and date are not on this waiver. **I have read and fully understand** the Important Information, Warning of Risk and Release of all Claims & Assumption of Risk located on the of this form.

X

Date:

Signature of Parent/Guardian /Participant (18 years and older)