



## Scholarship Information

### Explanation of Benefits

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

1. All Scholarship recipients must reside within the Crystal Lake Park District boundaries.
2. All information submitted is confidential and is not a matter of public record.
3. Applications need only be completed once annually. Any changes to financial status must be reported promptly by the applicant to the Park District.
4. If approved, assistance is valid for one year from the application date and funds are still available.
5. Limited funds are available for scholarships. All scholarship awards are based on the need and availability of scholarship funds. Each family will be assigned a percentage of assistance: up to 20%, depending on the information provided. Late registrations may not be accepted. All registration is dependent on space availability and number of instructors.
6. Each family member will be allowed to register for one program per season per family member.  
Seasons are designated as follows:  
Winter: January – March                      Spring: April – May  
Summer: June – August                      Fall: September – December
7. Families will be notified within 7-10 business days. A Scholarship Registration Form must 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. All information on the Scholarship Application must be true and accurate. See checklist for items on the application and check items that apply to your family situation. These items need to be submitted with the Application and Registration Form.
9. Information for Subsequent Applicant if **approved scholarship application is currently on file.**
  - Fill out the top portion of the Scholarship application and complete a Scholarship Registration Form (check the Subsequent Applicant at top of form)
  - Submit documents in person at the Administrative Office
  - Scholarship award to be confirmed within 48 hours to process.
  - Applicants will be notified by phone or email.

Scholarship Aid can be used for 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

**If you have any questions, please contact Heidi Stolt, Manager of Recreation Programs  
815-459-0680 ext. 1213 or [hstolt@crystallakeparks.org](mailto:hstolt@crystallakeparks.org)**



# Scholarship Application

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

Today's Date \_\_\_\_\_ 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: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

**New Applicant Information:** 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

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.

Check List

- \_\_\_\_\_ Completed application
- \_\_\_\_\_ Completed registration form
- \_\_\_\_\_ Provide a copy of the most recent Federal Income Tax Return & 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 residencies for all heads of household listed on application

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: \_\_\_\_\_  
Manager of Recreation Programs Date



# SCHOLARSHIP REGISTRATION FORM

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

**SCHOLARSHIP APPLICATION AND REQUESTED DOCUMENTATION MUST ACCOMPANY THIS FORM**

**Head of Household Information - Please Print**

Last Name		First Name		Date of Birth	
Address		City		State	Zip
Primary Phone			Email Address		
Emergency Phone			Contact Person		

**Please Indicate Special Accommodations Needed:**

**Participant and Activity Information - Please Print**

Activity Code #	Description	Last Name	First Name	Gender M-F	Birthdate	Activity Fee	AMOUNT APPROVED To Be Completed by Supintendent

Cash / Credit Card / Check Payments -BLACK OR BLUE INK ONLY

Total Payment Received:

**Please Complete When Registering for Extended Time, Preschool**

School Attending \_\_\_\_\_ Start Date \_\_\_\_\_ # Days \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH \_\_\_\_\_

**Auto Debit Option is Available for Extended Time, Preschool, Dance and Theatre**

Do you agree to enroll in the Audit Debit Payment Option? Yes \_\_\_\_\_ No \_\_\_\_\_

Cardholder's Signature:

Print Name:

**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)