



Fun for All Scholarship Application



**CHAMPAIGN
PARK DISTRICT**



Application good for
5/1/17-4/30/18

Jimmy John's Youth Scholarship Program Information

The scholarship program is designed to provide families of the Champaign Park District the opportunity to get their children involved in fun, safe, quality programs that they may not be able to afford without assistance. These activities help provide children with the ability to improve their physical health, to engage with peers of all abilities, grow self-confidence, strengthen their creativity, develop social relationships, strengthen their appreciation for the outdoors, and improve their technical skills and abilities.

Guidelines/Rules

- Applicants must reside within the corporate city limits of Champaign. Proof of residency is required. We will accept a voter's registration card, valid driver's license, or a utility bill.
- Applications and all required paperwork must be turned in at least one week before the program deadline. Please allow 5 business days for your application to be processed. Scholarships will not be granted if you have already registered and paid for a class in full.
- Reduced fees will only be available to those under 18 years of age or young adults still attending high school.
- There will be no full reductions given. Only partial assistance will be given, which allows for more people to participate. It will be the judgment of the Assistant Finance Director to determine the final amount of the reduction.
- Being granted a scholarship does not guarantee your placement in a program. Every participant will have to follow registration guidelines, which are listed in our Program Guide. Residents granted a scholarship will need to enroll in their program and pay their portion of the fees to be considered enrolled.
- Applications are reviewed in strict confidence. Information is kept confidential and is not a matter of public record.
- All information provided by the applicant must be true and accurate. Financial assistance funds are legally recoverable if paid and awarded on the basis of false information supplied by the applicant.
- All applicants will be notified of the scholarship outcome by email or phone and a follow up letter will be sent by mail or email.



CCRS (Child Care Resource Service)

CCRS helps income-eligible parents who are working and/or going to school pay for child care. Eligibility is based on family size and income. Please obtain an application from CCRS at 217-333-3252 or 800-325-5516. CPD scholarships will not be awarded for a program being paid for by CCRS.

Funding

Scholarship funds are made available by private and corporate donations and proceeds from the annual Taste of Champaign-Urbana event.

Return Completed Application to:

In Person: Leonhard Rec Center, Springer Cultural Center, Douglass Community Center, Tennis Center

By mail: Champaign Park District, Attn: Tom Gilbert, 706 Kenwood Rd., Champaign, IL 61821

Questions? Please call Tom Gilbert at 217-819-3830

APPLICANT INFORMATION:

Parent/Guardian Name(s):

Street Address:

Champaign, IL 618_____

Phone: _____

Email: _____

Household Size: #Adults _____

Children _____ (18 & under)

Marital Status: *Circle one.*

Single Married Divorced Separated Widowed

Please attach a copy of your voter's registration card, valid driver's license, or utility bill to prove residency in the City of Champaign.



INCOME:

Employer(s) Name: _____

Phone: _____
Phone: _____
Phone: _____

Monthly Gross Household Income: \$ _____ (amount before taxes or deductions are taken out)

Please attach a copy of your most recent tax return to prove income, with your children requesting assistance listed as your dependents.

Do you own or rent? *Circle one.* OWN RENT Monthly payment: _____

Does your household receive government assistance for food, housing, or medical? *Circle one.* YES NO
If yes, please attach a copy of your current assistance statements from the State of Illinois.

Are you currently unemployed? *Circle one.* YES NO

If yes, please attach a copy of your unemployment compensation statement or social security/disability income statement.

Please use this space to give us any additional information regarding your financial situation that would help us in determining a contribution amount toward the desired program. (OPTIONAL)

PARTICIPANT INFORMATION: (ONE PAGE PER CHILD)

Participant Name: _____ Birthdate: _____ Age: _____ Grade: _____
 Phone: _____ Street Address: _____, Champaign, IL 618_____
 Parent Name: _____
 Parent Email: _____

PARENT/GUARDIAN: Please fill out the first 3 columns. List **one** program session per line.

Program Title	ID Number	Resident Fee Listed	The boxes to the right are for OFFICE USE ONLY.	Parent Fee	Scholarship \$ Awarded	Fund to Use	

OFFICE USE ONLY:

VERIFY THAT FORMS ARE FILLED OUT COMPLETELY AND ALL REQUIRED DOCUMENTS ARE ATTACHED. GIVE COVER PAGE TO PARENT.

HH # _____ (for returning customers) DATE RECEIVED: _____

STAFF ACCEPTING DOCUMENTS: _____ LOCATION: (circle one) BMC DCC HC LRC SCC TC

ROUTE ALL SCHOLARSHIP APPLICATIONS TO TOM GILBERT.