



# Fun for All Scholarship Application



Application good for  
5/1/2018-4/30/2019

## Scholarship Program Information

The scholarship program is designed to provide families and individuals of CUSR the opportunity to get involved in fun, safe, quality programs that they may not be able to afford without assistance. These activities help provide individuals 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 and Urbana. Proof of residency is required. We will accept a voter's registration card, valid driver's license, or a utility bill.
- 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.
- Applications are reviewed in strict confidence. Information is kept confidential and is not a matter of public record.
- 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.
- 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.
- 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 800-3255516. 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 CUSR Cupcake 5K.

### Return Completed Application to:

**In Person:** Hays Recreation Center

**By mail:** Champaign-Urbana Special Recreation,  
1311 W. Church St., Champaign, IL 61821

**By Fax:** 217-373-7951

Questions? Please call 217-239-1152



APPLICANT INFORMATION:

Parent/Guardian Name(s):

\_\_\_\_\_

Street Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

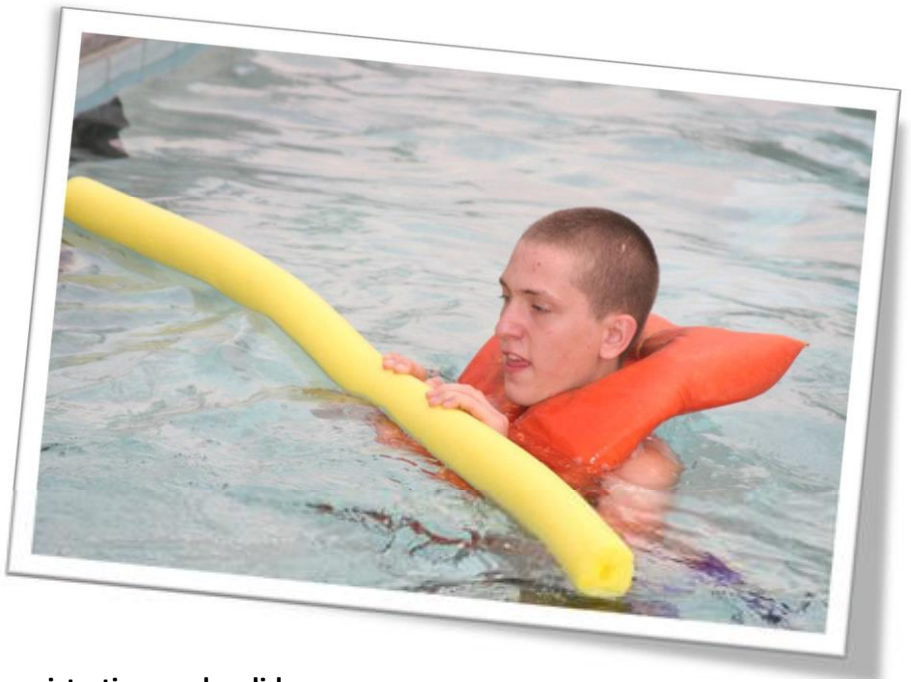
Email: \_\_\_\_\_

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 or Urbana.**

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.**

**APPLICATION CHECK LIST**

**This Scholarship Application cannot be processed without the following items:**

- Proof of Residency
- Proof of Income
- Scholarship Application

PARTICIPANT INFORMATION: (ONE PAGE PER INDIVIDUAL)

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Parent/Guardian 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 |  |
|------------------------|-----------|---------------------|---|------------|------------------------|-------------|--|
| (Example) CAMP SPIRIT  | 116502-A1 | 131                 |   |            |                        |             |  |
| (Example) DINER'S CLUB | 116514-A4 | 35                  |   |            |                        |             |  |
|                        |           |                     |   |            |                        |             |  |
|                        |           |                     |   |            |                        |             |  |
|                        |           |                     |   |            |                        |             |  |
|                        |           |                     |   |            |                        |             |  |
|                        |           |                     |   |            |                        |             |  |
|                        |           |                     |   |            |                        |             |  |
|                        |           |                     |   |            |                        |             |  |
|                        |           |                     |   |            |                        |             |  |
|                        |           |                     |   |            |                        |             |  |
|                        |           |                     |   |            |                        |             |  |

**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.