



CUSR

Scholarship Application

APPLICATION GOOD FOR:
May 1, 2023-April 30, 2024

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 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.



Funding

Scholarship funds are made available by private and corporate donations and proceeds from the annual CUSR Cupcake 5K.

Return Completed Application:

In Person: CUSR Center
By mail: Champaign-Urbana Special Recreation, 2212 Sangamon Dr., Champaign, IL 61821

Questions? Please call 217-819-3980



APPLICANT INFORMATION

Parent/Guardian Name(s):

Street Address:

City/Zip: _____

Phone: _____

Email: _____

Household Size: #Adults _____

#Children _____ (18 and under)

Marital Status (check 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. If not required to file a tax return, please provide paystubs for 2 months (recent) for entire household, or a copy of assistance received, (i.e. Social Security, Disability, etc.).

Do you own or rent your home? (check one) OWN RENT Monthly payment: _____

Does your household receive government assistance for food, housing, or medical? (check one) YES NO

If yes, please attach a copy of your current assistance statements from the State of Illinois.

Are you currently unemployed? (check one) YES NO

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

Parent/Guardian Signature _____ Date _____

THIS SCHOLARSHIP APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING ITEMS:

- Proof of Residency
- Proof of Income
- Scholarship Application

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PARTICIPANT INFORMATION *(one page per individual)*

Participant Name: _____ Birthdate: _____ Age: _____ Grade: _____

Phone: _____ Street Address: _____ City/Zip _____

Parent Name: _____ Parent Email: _____

Date Submitted: _____

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

Program Title	ID Number	Resident Fee Listed	Parent Fee	Scholarship Money Awarded	Fund to Use
(Example) CAMP SPIRIT	116502-A1	131			
(Example) DINER'S CLUB	116514-A4	35			

THE BOXES TO THE RIGHT ARE FOR OFFICE USE ONLY

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 (check one): BMC DCC HRC MC
 LRC SCC DTC CUSR

ROUTE ALL SCHOLARSHIP APPLICATIONS TO FINANCE DEPT.CUSR

CUSR

