



Virtual Programming Financial Aid Application

The Financial Aid Program of the Oak Brook Park District ("Park District") is intended to provide financial assistance to residents of the Park District who are in need of such assistance and would otherwise be unable to participate in Park District programs and activities.

QUALIFICATIONS

All applicants for financial assistance from the Park District must reside within the jurisdictional boundaries of the Park District. Evidence of need must be presented to qualify for financial assistance. Factors defining need include an extenuating financial situation such as medical expenses, or current participation in public aid, food stamps, school lunch, or subsidized housing programs.

LIMITS ON FINANCIAL ASSISTANCE

1. Financial assistance is available for all recreation programs, except for contractual programs (*examples include but are not limited to: trips, Bulls/Sox, Soccer Made in America*)
2. Applicants will not be registered for programs for which they are requesting assistance until after a decision has been made concerning the awarding of such assistance. Award of Scholarship does not guarantee placement in programs. Program placement is based on availability.
3. If financial assistance is awarded, applicants must then follow regular Park District registration procedures.
4. **Financial assistance is limited to a maximum of \$150.00 per person, per calendar year.**

PROCEDURE

Residents requesting financial assistance must complete the appropriate application form, attach it to a completed program registration form, and email it to Laure Kosey, Executive Director, at lkosey@obparks.org. Applications will be individually reviewed and evaluated. Applicants will be notified of the decision as soon as practical after submission of their completed forms.

APPLICATION GUIDELINES

1. The Park District recognizes that the personal information furnished by applicants for financial assistance is highly confidential, and all such information will be kept private.
2. All information provided by the applicant must be true and accurate. If information provided by the applicant is determined to be false, the applicant shall be required to repay the Park District in full for all financial assistance that has been granted.
3. All financial assistance will be awarded on the basis of need and availability of funds, and the Park District will not discriminate against any applicant because of race, creed, color, national origin, religion, sex, sexual orientation, ancestry, age, marital status, physical or mental handicap, or unfavorable discharge from military service in awarding such assistance.
4. The Park District reserves the right to approve full or partial funding or deny an applicant's request.
5. All requests for financial assistance will be evaluated by the Executive Director with the assistance of necessary staff.
6. Requests for financial assistance will not be considered without submission of the entire application.
7. A new application must be resubmitted each calendar year for which financial assistance is requested. A grant of financial assistance in one year does not insure continued approval of such assistance for following years.



Virtual Programming Financial Aid Application

**This form must be completed and attached to a completed program registration form.
Upon verification of the information on this form, the applicant will be notified to the result of their request.**

Part 1 Household Information

Last Name: _____ First Name: _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone # _____ Home Phone # _____
 Email _____ Work Phone #: _____

PARTICIPANT'S NAME	BIRTH DATE (MM/DD/YY)	GENDER	AGE

Part 2 Household Data

Household Size (1-8 persons, or if other, please indicate) _____

Part 3 Explanation of Need

Explain why you are in need of financial aid at this time: _____

Part 4 Optional Documentation

Public Aid Aid # _____
 Food Stamps Case # _____
 School Lunch Program School Name _____
 Excessive Medical Bills Explanation _____
 Other Financial Explanation _____

Part 5 Signature

I certify that the above information is true and correct and understand that the accuracy may be verified. I agree to repay, in full, any financial assistance awarded based upon false information.

Participant/Parent/Guardian Name _____



Participant/Parent/Guardian Signature _____ Date _____

Part 5 Return your form to the Park District

Return to Laure Kosey, Executive Director, at lkosey@obparks.org

Office Use ONLY Below

Date received: _____ Initials _____ Financial Assistance Awarded Denied
 Reason, if Denied: _____
 Executive Director Signature: _____ Date: _____
 Applicant Notified (Y/N) _____ Notification Date: _____