

SCHOLARSHIP PROGRAM

Board approved 3/3/99 Revised 2/12/01

It is our goal to give financial assistance to every resident that is unable to afford the quality recreation programs that South West Special Recreation Association can provide. This scholarship program is designed to identify specific financial needs of South West Special Recreation Participants, and to award financial assistance to those who qualify.

PROCEDURES AND GUIDELINES:

1. Scholarships are only awarded to qualified residents who are considered "In-district" (See brochure for who is considered "In-district").
2. The scholarship application must be filled out completely, and returned with the registration form in order to be considered for a scholarship. ***A deposit of one-half the total fee is required*** at the time the scholarship application is submitted in order to "hold" an opening for your self/child/participant. The balance owed will be due ***before the session/program starts.***
3. Applicants must meet at least one of the criteria on the scholarship application in order to qualify for a SWSRA scholarship. You will be required to show proof of ***TOTAL HOUSEHOLD INCOME***, such as the latest 1040 Tax form, public aid card, etc. at the time the scholarship application is submitted.
4. All scholarship information is confidential and is not a matter of public record.
5. All information must be true and accurate. Scholarships awarded on the basis of false information supplied by the applicant will be revoked.
6. ***Scholarship money will not be awarded for transportation.***
7. Scholarships are awarded will not exceed \$300.00 per year per participant. Day camp scholarships will not exceed ½ of the camp fee.
8. Scholarship applications must be re-submitted on a yearly basis, or if your financial status changes.
9. Scholarships are based on need and availability of funds. This amount may vary each year! The amount of donations received and the number of qualified applicants will be the formula used for calculating the scholarship amount to be awarded to each qualified applicant. SWSRA reserves the right to approve or deny applicant's request.
10. The SWSRA Scholarship Policy is subject to change without notice.
11. All Scholarship questions should be directed to the Executive Director.
12. Any change in financial status during the Fiscal Year to a situation where the participant may or may not qualify under the guidelines must be reported to the SWSRA office for a review of the scholarship.
13. **Scholarship money that has been awarded is never refunded in any case!**
14. All outstanding balances must be paid in full before self/child/participant will be awarded additional funds or will not be allowed to participate in future programs until the debt is paid in full!

SWSRA SCHOLARSHIP APPLICATION

Please read the attached Scholarship Procedures before completing this form. The form must be completed fully in order to be considered for scholarship. Thank you.

Date: _____

Name of Participant: _____

Name of Parent/Guardian requesting financial need: _____

Phone (Home) _____ - _____ - _____

Address: _____

City: _____ **Zip:** _____

Number of People Living in Household: _____

Person Completing Form: _____

Parent/Guardian Employment Information:

Head of Household

Name of Employer: _____

Address: _____

Work Phone: _____ - _____ - _____

Social Security Number: _____ - _____ - _____

Spouse's Employer: _____

Address: _____

Work Phone: _____ - _____ - _____

Social Security Number: _____ - _____ - _____

Please Check items to indicate financial need and attach documentation:

_____ * Public Aid Aid No. _____

_____ Food Stamps Case No. _____

_____ School Lunch Program School Attending _____

_____ Subsidized Housing Name of Unit _____

_____ Household Family Income Total Amount \$ _____

_____ ** DCFS

_____ Unemployment

* If you receive public aid, please attach a copy of current medical eligibility card.

** If you have DCFS support, we need:

Caseworker's Name _____

Caseworker's Phone _____ - _____ - _____

_____ Excessive Medical Bills. Please explain: (attach documentation if possible)

_____ Other Financial Difficulties. Please explain: (attach documentation if possible)

All applicants MUST include a *COPY* of current 1040 Federal Income Tax Form.

Release of Information Permission: for references provided to supply SWSRA with information regarding financial need. ____ Yes ____ No

I certify that the above information is true, correct and complete, and authorize SWSRA to conduct reference check to verify accuracy of information.

Signature

Date