



## **Oregon Park District Financial Assistance Guidelines**

The Oregon Park District establishes fees that should enable the majority of residents and others to participate in its programs. Regardless of the amount of fees that are charged, some individuals may be restricted from registering; however, fees may encourage them to make a free choice of the activity that they can best afford to participate. In the event that certain families or individuals are in dire financial difficulty, the Board authorizes the Executive Director, on an individual basis, to completely or partially waive a registration fee when a resident cannot reasonably afford the fee because of temporary financial need.

**Eligibility** – To be eligible to receive financial assistance, the applicant must:

- 1) be a resident of the District
- 2) be a child of parents in temporary financial need
- 3) apply for assistance in writing using the financial aid form provided by the District
- 4) provide evidence of need

Financial aid may not be available for all programs or for some direct cost activities as determined by the District. The amount of aid may vary, depending on need and/or money available. Financial aid is awarded on a first come, first served basis and approval is dependent on space, the basis of need and availability of funds. There must be space availability in the program or class.

All information on the aid application must be true and accurate. Financial aid provided is legally recoverable if awarded on the basis of false information.

All information received will remain confidential and will not be made available to the public, to the extent permitted by law.

Financial aid will be limited to four (4) programs per qualified participant per calendar year. A qualifying participant will be allowed financial assistance not to exceed \$125 per calendar year. Program fees will be discounted up to 50% for qualified participants.

Program fees will be discounted up to 100% for participants who are considered to be homeless by the guidelines set forth by the Illinois State Board of Education:

### **Application Procedures**

- 1) Complete the financial aid application form that is available at the District Office. Return the completed form along with all required documentation to the Communications and Marketing Supervisor.
- 2) Upon receipt, the Financial Aid Committee will review the application and determine approval/disapproval. If approved, the percentage amount of financial aid to be provided to the applicant will be determined. Aid provided will be based on many factors including, but not limited to, family size, family income, other types/amounts of aid received from agencies and other extenuating circumstances.
- 3) Applicants for financial aid will be notified within thirty (30) days of receipt of application.

# Oregon Park District Financial Assistance Application Form

Name Of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_

List All Household Members Names And Ages:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Household income and proof of residency must be verified, and if necessary, paperwork must also be supplied to verify public aid, excessive medical bills and/or other financial difficulties. Please check items to indicate financial need and attach verifying documentation (examples: **1040 Federal tax forms** and bank statements, payroll receipt, public aid card, medical bills, etc.). You may use the back side of this form for additional information.

- |   |  |
|---|--|
| <input type="checkbox"/> Household Income             | Annual Salary Before Taxes _____       |
|   | Monthly Child Support Income _____     |
|   | Monthly Social Security Income _____   |
|   | Other Annual Income Before Taxes _____ |
| <input type="checkbox"/> Public Aid                   | Aid Number _____                       |
| <input type="checkbox"/> Excessive Medical Bills      | Explanation _____                      |
| <input type="checkbox"/> Other Financial Difficulties | Explanation _____                      |

Participant Name	Program Name	Program Code	Program Fee

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY-Please do not write below this line**

Date Received: \_\_\_\_\_

Amount approved: \_\_\_\_\_

Authorization: \_\_\_\_\_