



Corey Siers Memorial Scholarship Fund Application Guidelines

Policy

To help ensure that residents of the Dundee Township Park District who are experiencing financial hardship have the opportunity to participate in Circle of Friends before/after school care and School's Out Club programs. Enrollment in Circle of Friends is a prerequisite for a discount in the School's Out Club.

Eligibility

To be eligible to receive scholarship fund assistance, the applicant must meet the following criteria:

- Must apply for assistance in writing using the scholarship form provided by the Park District.
- Must provide written documentation requested by the Park District prior to determination of eligibility.
- **Residents must submit a copy of their most recent federal income tax return (Form 1040) and any additional income verification information required.**

Scope of Financial Aid

1. The financial aid program is intended to benefit families in temporary financial need.
2. The Circle of Friends before/after school care and School's Out programs are the only programs eligible for the Corey Siers Memorial Scholarship funds. Enrollment in Circle of Friends is a prerequisite.
3. The amount of scholarship funds may vary, depending on financial need, number of applications and money available; however, in no case shall the amount of aid to an individual exceed 50% of the program fee. Financial aid is awarded on a first come, first served basis and approval is dependent on space being available.

Other

1. All information on the application must be true and accurate. **Scholarship funds provided are legally recoverable if awarded on the basis of false information.** Any applicant who receives financial aid based upon false information, shall pay the entire amount back to the Dundee Township Park District upon demand, and shall also be responsible for the payment of all costs of collection, including attorney's fees and costs.
2. All information received will remain confidential.
3. All scholarship funds shall be awarded solely based upon the individual need of the applicant without regard to race, gender, or religion.

Application Procedures

1. Complete the Corey Siers Memorial Scholarship Fund application form, which is available at both recreation centers. Return the completed form along with all required documentation to:

Dundee Township Park District

Tammy Greco, *Superintendent of Recreation*

500 N. Randall Rd.

West Dundee, IL 60118

2. Upon receipt, the Superintendent of Recreation will review the application and make a decision of approval/disapproval and if approved, the percentage amount of financial aid to be provided. 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. Another consideration shall be the number of applicants for scholarship funds.
3. Applications for scholarship funds will be notified within two weeks of receipt of completed application, including all necessary documents, as to the grant status.
4. Upon approval, applicants may register for the Circle of Friends program through regular Park District registration procedures.
5. Scholarship funds are valid for one school calendar year, and a new application must be submitted each school calendar year.



Corey Siers Memorial Scholarship Fund Application

School Year _____ / _____

Residing in home?

Father's Name: _____ Work/Cell Phone#: _____ Yes No

Mother's Name: _____ Work/Cell Phone#: _____ Yes No

Guardian's Name: _____ Guardian's Relationship (if applies) _____

Address: _____ Home Phone #: _____

City/Zip: _____ Email: _____

Participant(s) Names for which fee waivers are requested:

Participant Name(s)	School Attending	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other members of the household:

Name(s)	Relationship to parent
_____	_____
_____	_____
_____	_____
_____	_____

Total Number in Household _____

Reason for fee waiver request: Please provide documentation indicated.

- The participant(s) is (are) Medicaid eligible. Must attach documentation.
- The participant(s) is (are) a ward of the State of Illinois. Must attach copy of documentation.
- You **MUST** attach documentation of most recent Federal Tax Return and W2-s from each adult wage earner, copy of 3 most recent pay stubs from each wage earner and documentation of following if received: Unemployment Compensation, Alimony/Child Support Payments and any other income.

I certify that the information is accurate and I understand that it is my responsibility and obligation to notify the Park District of any changes in my financial status. In the event that the information submitted by the applicant requesting fee waiver is determined to be false, I agree to promptly repay the Park District any and all fee waiver received, upon demand, along with all costs of collection, including attorney's fees and costs.

Parent/Guardian Signature Date



Return to:
Dundee Township Park District
Tammy Greco, Superintendent of Recreation
500 N. Randall Rd., West Dundee, IL 60118

Park District Office Use Only	<input type="checkbox"/> Approval of Fee Waiver Request	<input type="checkbox"/> Denial of Fee Waiver Request
	Qualifies for <input type="checkbox"/> 25% <input type="checkbox"/> 50%	Reason: _____
	Superintendent of Recreation Signature: _____ Date: _____	