BERWYN park district

SCHOLARSHIP ASSISTANCE PROGRAM 2025

Part 1: **PROGRAM REQUIREMENTS**

The Berwyn Park District believes that every resident of all ages and socioeconomic statuses should have the opportunity to participate in recreational programs and we are happy to support our residents faced with financial hardship.

Qualifications

Three eligibility requirements to qualify independently of each other:

1. You must be a Berwyn Resident.
2. Must meet annual income requirements.
3. Provide proof of residency, income and dependents.

Procedure

A Scholarship Application must be completed and all necessary materials must be submitted before review will begin. Applications will be reviewed and evaluated, and decisions will be made based on qualifications and availability of scholarship funds. Applicants will be notified of a decision within two weeks of submission.

Application Guidelines

1. All information submitted is confidential.
2. All information must be true and accurate. If false information, omissions, or misrepresentations are discovered, the application will be rejected. Fees are recoverable if awarded on the basis of false information submitted by the applicant.
3. Applications will be reviewed and evaluated, and decisions will be made based on need and availability of scholarship funds.
4. Change in income must be reported if awarded a scholarship.
5. Scholarships are for Berwyn Residents only. Please submit proof of residency.
6. A copy of the most recent W-2 forms and a copy of the most recent tax return must be attached to the scholarship application.
7. Any supporting financial documents must be included if current participation in public aid, SNAP, WIC, DHS, TANF, All Kids, ABE, school lunch or subsidized housing programs, child support, alimony, wages and salaries, unemployment, disability payments, excessive medical bills or other unusual and burdening financial circumstances.
8. Scholarships are not available for trips, special events, contracted programs, or rentals.
9. The balance of the program must be paid in full before the start of the program. Scholarships awarded are 50% or less of the fee of the program.
10. Applications and financial documentation must be submitted for each session. Granting scholarship does not ensure continued approval for succeeding sessions.
11. Incomplete applications and/or missing financial documents will delay the review process.
12. If accepted to receive a scholarship, you must still follow all of the payment guidelines and schedules for program that you are applying for.
13. Scholarship applications must be submitted at least four weeks prior to the registration deadline of the program that you're applying for.
14. Award of scholarship does not guarantee entry to program.

Submission

Completed information can be emailed to chayes@berwynparks.org or in person at the Freedom Administration Building (3701 Scoville Ave., Berwyn, IL)

Please call Cindy Hayes, Superintendent of Finance and HR, with any questions at 708-788-1701

I (user) have read the above policies and acknowledge that I understand

Initials _____ **Initials Required*

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Part 2: **APPLICANT INFORMATION**

Name: _____ _____
(First) (Last)

Address: _____ _____ _____
(Street) (City) (ZIP)

Primary Phone: _____ Alternate Phone: _____

Marital Status(check one): ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Part 3: **APPLICANT EMPLOYMENT INFORMATION**

Employer's Name: _____ Work Phone: _____

Address: _____ _____ _____
(Street) (City) (ZIP)

Part 4: **SPOUSE EMPLOYMENT INFORMATION**

Employer's Name: _____ Work Phone: _____

Address: _____ _____ _____
(Street) (City) (ZIP)

Part 5: **DEPENDENT INFORMATION**

1. Name: _____ _____
(First) (Last)
Date of Birth: _____

2. Name: _____ _____
(First) (Last)
Date of Birth: _____

3. Name: _____ _____
(First) (Last)
Date of Birth: _____

4. Name: _____ _____
(First) (Last)
Date of Birth: _____

4. Name: _____ _____
(First) (Last)
Date of Birth: _____

Part 6: **REASON FOR APPLYING FOR ASSISTANCE**

Please explain the details of your situation in the box below:

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Part 7: **PROGRAMS REQUESTED**

Participant Name	Program Name	Program Code	Program Price	Amount Requested

Part 8: **FINANCIAL INFORMATION** *(This section must be fully completed)*

Please check items below indicating financial assistance that you currently receive:

- ☐ Public Aid *Case Number:* _____
- ☐ Food Stamps
- ☐ WIC
- ☐ School Lunch Program
  Name of School: _____
- ☐ Subsidized Housing
- ☐ Excessive Medical Bills
  Explain:

- ☐ Other
  Explain:

MONTHLY INCOME

Salary	$ _____
Spouse's Salary	$ _____
Alimony	$ _____
Child Support	$ _____
Unemployment	$ _____
Other _____	$ _____
Other _____	$ _____
Other _____	$ _____
Total	$ _____

MONTHLY EXPENSES

Mortgage/Rent	$ _____
Auto Payment	$ _____
Childcare	$ _____
Child Support	$ _____
Credit Cards	$ _____
Auto Insurance	$ _____
Health Insurance	$ _____
Other _____	$ _____
Other _____	$ _____
Other _____	$ _____
Total	$ _____

Part 9: **REQUIRED SUPPORTING DOCUMENTS**

- ☐ W2 and Tax Return
- ☐ Proof of Residency
- ☐ Other _____

I (user) acknowledge that all of the information submitted on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application will be rejected.

Signature _____ Date _____