



Kevin T. Kendrigan Memorial Scholarship Fund
Application Guidelines

Policy

It is the opinion of the Northwest Special Recreation Association that every resident should have the opportunity to participate in recreational programs. The Association will attempt to provide leisure opportunities for residents faced with financial hardship, through the provision of program options with inexpensive fees, as well as through the financial assistance program.

Criteria for Financial Assistance

Four criteria are required to qualify for the application process.

1) Proof of financial need must be demonstrated to qualify for financial assistance. Items that will be considered when evaluating need include current participation in public aid, food stamps, school lunch or subsidized housing programs, excessive medical bills and/or family income. Copies of statements, letters from the school district and copies of public aid cards are required for scholarship consideration.

2) In 2012 NWSRA instituted a minimum program fee criteria in order to qualify for the application process. To apply for a scholarship, the applicant must be participating in seasonal programs that add up to a minimum amount as listed below. If the seasonal program fee does not add up to the amount listed below, a payment plan may be requested. The minimum amount required is a per person basis.

Winter/Spring Session (approx. 11-12 weeks) - \$100

Summer Session (approx. 9 weeks) - \$80

Fall Session (approx. 11-12 weeks) - \$100

3) Proof of Residency – State I.D. or copy of utility bill or copy of public aid card.

4) A \$10.00 deposit is required when completing the Financial Assistance form. The deposit fee will be applied to the program fee. Scholarships are awarded at approximately 70% of the cost of the program, with a maximum of \$250.00.

Procedure

Persons requesting financial assistance must complete the application form, attach supporting materials and submit it to NWSRA annually for seasonal participation. (Applications for the summer day camp program are required at the time of registration). Applications will be individually reviewed and evaluated. Applicants will be notified of decision as soon as possible in writing. For leisure education scholarships, notification will be made to the classroom teacher.

1. All information submitted is confidential and is not a matter of public record.
2. All information submitted on the application must be true and accurate. Scholarships are awarded on the basis of false information supplied by the applicant will be nullified.

Supporting materials is required.

3. All scholarships will be awarded on the basis of need and availability of scholarship funds. NWSRA reserves the right to approve partial funding, divided payments or deny applicant's request.
4. All requests for scholarships will be evaluated by the Superintendent of Recreation.
5. Applications must be submitted seasonally. Please adhere to the Financial Assistance deadline listed below.
6. Scholarship recipients should notify the office if the participant will be unable to attend the program. (In some programs, there are a limited number of scholarships available, so the dollars could be made available to someone else in need.)

Limits on Scholarships

1. For those applicants that meet the scholarship criteria as listed above, the limit for weekly programs will be limited to a maximum of \$250.00 per participant for winter/spring and fall sessions and \$175.00 per participant for summer session (not including Day Camp). Scholarship amounts may be adjusted accordingly to those individuals' registrations for year round sports programs. When the scholarship request exceeds the limit for that season, a payment plan may be established for the remainder of the fee.
2. Only partial scholarships are awarded and a divided payment plan can be established for the remainder of the balance. The payment plan must be established before the start of the program. Divided payments are also required of applicants who qualify for DCFS or other third party reimbursements.
3. Scholarships are not available through NWSRA for Trips, Special Events, Clubs, Pursuit, Parents Night Out, After Event Care and other child-sitting programs. Scholarships are only available for NWSRA programs.
4. Individuals that receive a Day Camp Scholarship are not eligible for a summer weekly program scholarship. Please inquire about divided payments if financial assistance is needed for summer weekly programs.
5. Total scholarship dollars available are determined by the NWSRA Board of Trustees on an annual basis.
6. An application for the program registration is required and a specified due date is established each year. Please see below.

| | |
|---------------|-----------------------|
| Winter/Spring | Registration deadline |
| Summer | Registration deadline |
| Fall | Registration deadline |

NORTHWEST SPECIAL RECREATION ASSOCIATION
Park Central, 3000 Central Road, Suite 205, Rolling Meadows, IL 60008
847/392-2848 VOICE, 392-2855 TTY, 392-2870 FAX

WEEKLY PROGRAM FINANCIAL ASSISTANCE APPLICATION
PLEASE INCLUDE \$10.00 DEPOSIT

This form must be completed and returned to NWSRA. Applications received prior to the registration deadline will be given first consideration for assistance first consideration for assistance. Scholarship funds are limited. Partial, delayed or divided payments are encouraged whenever possible. All information submitted is confidential and not a mater for public records, however references will be checked. Following verification of information supplied, applicant will be notified as to disposition of request.

Name of Participant _____ Home # _____

Address _____ Apt.# _____ City _____ Zip _____

Park District _____ Township _____

Person Completing Application _____

Relationship to Participant _____ Daytime # _____

Type of Assistance Requested

_____ Partial Scholarship Amount Able to Pay \$ _____
 (Includes \$10.00 deposit)

_____ Payment plan. Three due dates for divided payments are listed on the NWSRA program registration form. Please indicate if you are requesting different or additional dates.

Assistance Requested For:

| Program Number(s) & Name(s) | Fee |
|---------------------------------------|-----|
| | |
| | |
| | |
| | |
| Total Dollar Amount Requested: | \$ |
| NWSRA Scholarship Granted: | \$ |

Please complete the other side of this form.

Please check items to indicate financial need and attach documentation:

| | | |
|----------------------------|------------------|-------|
| _____ Public Aid | Aid No. | _____ |
| _____ Food Stamps | Case No. | _____ |
| _____ School Lunch Program | School Attending | _____ |
| _____ Subsidized Hosing | Name of Unit | _____ |

_____ Household Family Income in compliance with Cook County Section & Housing Assistance Payment Program.
Enclosed copy of recent check stub(s).

_____ Excessive Medical Bills. Please explain:

_____ Other Financial Difficulties. Please explain:

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

Signature (Please Print Name Above) Date