

**Urbana Park District
Phillips Recreation Center
505 W. Stoughton
Urbana, IL 61801
217-367-1544**



SCHOLARSHIP APPLICANTS

In order to expedite the scholarship process, please drop off your application in person. The scholarship must be filled in completely. The staff will check that it is correct. If any corrections need to be made, you will need to come back in and make the corrections before we can submit it to our superintendent.

Please check off the following as they apply:

You must complete the following for each participant:

- Check with the registrar about residency
- Provide the required income information
- Name
- Date of Birth (DOB)
- Grade
- Age
- T-Shirt Size
- Program Code
- Program Name
- Program Fee
- Family Information on page 3
- Total family monthly income on page 3

Proof of Income requirements:

- Last two months pay stubs for each job and each person or last two monthly bank statements
- Link Card Letter
- Stipend Letter or pay stubs
- Child Support
- Unemployment

Under special circumstances, we have the right to ask for Income Tax form and/or other income information

Updated:
10/4/10

Main Contact ID # _____

URBANA PARK DISTRICT APPLICATION FOR SCHOLARSHIP

Received by: _____ Date _____

The Urbana Park District awards partial and full scholarships for residents of the Urbana Park District based on financial need and availability of funds. Scholarships are available as funds permit and are assigned after a program has met minimum enrollment. You will receive a phone call or a letter as to the status of your request.

To apply for a scholarship, the adult head of household must complete and sign this application along with a registration form and proof of income. Return the completed forms to **Urbana Park District, Phillips Recreation Center, 505 W. Stoughton, Urbana, IL 61801.** If you have any questions or need assistance with completing application, **please call 367-1544, ext. 0.**

Please Print CLEARLY

Main Contact _____ Birth Date _____ Main Contact ID # _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ Work Phone belongs to: _____
 Pager Number _____ Email address _____
 Emergency Phone _____ Emergency Phone belongs to: _____

FOR OFFICE USE ONLY

SEASON J-A M-A S-D _____
 RESIDENT _____
 NON-RESIDENT _____

APPROVED DENIED BY _____ DATE _____
 COMMENTS:

Please list each participant and program separately. Please use additional form if necessary.

Participant	<u>First and Last Name</u>	DOB	M/F	Grade	Age	T-shirt Size	Code	Program	Fee	Office Use	Office Use	Wait List
										Waived	Due	Date
1.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Totals _____ _____ _____

INCOME INFORMATION

List **ALL** income received per **MONTH** for each individual in the household. **Income includes non-cash sources, also. This includes Link Card amounts, grants, donations from other agencies, subsidized housing, Public Assistance, and any other non-cash assistance you receive.** You must list the gross income **BEFORE** deductions for taxes, social security, etc. Please refer to the definition of income at the bottom of the page. You must list all employers and incomes. You are required to provide copies of check stubs, bank statements, letter from employer (on official letterhead), etc. to verify income.

1. Name _____ Age _____
 Employer _____ Monthly Earnings _____
 Source of Other Income _____ Monthly Other Income _____

2. Name _____ Age _____
 Employer _____ Monthly Earnings _____
 Source of Other Income _____ Monthly Other Income _____

3. Name _____ Age _____
 Employer _____ Monthly Earnings _____
 Source of Other Income _____ Monthly Other Income _____

Please check all that apply. List any items not shown below.

	Monetary Value
<input type="checkbox"/> Link Card	\$ _____
<input type="checkbox"/> Grants	\$ _____
<input type="checkbox"/> Donations	\$ _____
<input type="checkbox"/> Housing	\$ _____
<input type="checkbox"/> Welfare	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____

Do you receive childcare assistance? No ___ Yes ___ If yes, from what agency? _____

DEFINITION OF INCOME

Income is defined as any money received before any deductions.

- Monetary compensation for services including wages, salary, commissions or fees
- Net income from non-farm and farm self-employment
- Social security
- Unemployment compensation
- Public assistance or other payments
- Government and private pensions or annuities or payments
- Alimony and Child support payments
- Grants for education or research
- Stipends or student support of any kind

OTHER CASH RESOURCES

- Dividends or interest on savings bonds or income from estates or trusts
- Net rental income
- Income from family members or anyone in other countries
- Regular contributions from persons not living in the household
- Net royalties

Current savings account balance \$ _____

Current checking account balance \$ _____

FAMILY INFORMATION

Number of Adults Living in Household _____

Number of Children Living in Household _____

Total Persons Living in Household _____

TOTAL MONTHLY HOUSEHOLD INCOME \$ _____ x 12 = ANNUAL INCOME \$ _____

IF ON 2-WEEK PAY SCHEDULE - INCOME \$ _____ x 26 = ANNUAL INCOME \$ _____

CERTIFICATION OF INCOME

TO BE COMPLETED BY ADULT HEAD OF HOUSEHOLD

The undersigned certifies and affirms:

1. That my annual family income is less than:

Income: \$19,100 \$21,850 \$24,550 \$27,300 \$29,500 \$31,650 \$33,850 \$36,050

2. That I hereby authorize the Urbana Park District and the City of Urbana Grants Management Division to verify my income to determine my eligibility. I hereby authorize release of information concerning my past and present financial history to Urbana Park District and the City of Urbana Grants Management Division for the purpose of determining eligibility. A photocopy of this certification shall suffice as proper authorization for the release of the above referenced information.

3. I certify that I reside at _____.

Signed this _____ day of _____, _____ Signature _____

The following information is requested by the Federal Government to monitor compliance with equal credit opportunity laws. You are not required to furnish this information. **However, if you choose not to furnish this information, Federal regulations require this agency to note race and sex on the basis of visual observation or surname.** If you do not wish to furnish this information, please initial below.

Name	Sex	Race/National Origin	Race/National Origin
1. _____	_____	_____	American Indian or Alaskan Native
2. _____	_____	_____	Asian, Pacific Islander
3. _____	_____	_____	Black/African-American
4. _____	_____	_____	White
			Multi-racial
			Other

I do not wish to furnish this information _____ (initial)