



Urbana Park District

YOUTH SCHOLARSHIP APPLICATION

1. The Urbana Park District Youth Scholarship program is available for those residing within the park district limits. Residency is based on taxes paid to the park district; therefore not everyone with an Urbana address is a park district resident. Residents of Urbana who are non-residents of the park district are eligible to apply for a waiver of the non-resident fee.
2. The Urbana Park District awards partial scholarships for residents of the Urbana Park District based on financial need and availability of funds. Scholarships are available as funds permit. **No full scholarships will be awarded.** This allows for more people to participate. It will be the judgment of the Superintendent of Recreation to determine the amount waived.
3. Please allow at least 5 business days for your application to be processed. **Scholarship applications must be received at least 2 weeks prior to a program's deadline.**
4. You will be contacted by either phone or email as to the status of your request. Being granted assistance does not guarantee your placement in Urbana Park District programs. If assistance is granted, you must follow current registration guidelines and pay your portion of the program fees to be enrolled in the program. **You are not registered until your payment is received.** There will not be a spot reserved for your child prior to payment received. *There will be a \$25 Service Charge on all returned checks and declined scheduled payments.*
5. Please limit the number of submission requests to 2 per brochure. There is no limit to the number of programs you can request per submission.
6. To apply for a scholarship, the adult head of household must complete and sign this application.
7. The following items are unavailable for scholarships: Urbana Indoor Aquatic Center memberships, adult programs, private swim lessons, sports jerseys, and dog park memberships.

Please include the following with your application:

- Proof of residency
- Fully completed application form
 - All participant information
 - All program information
 - All family information
- Proof of household income as they apply (**All adult incomes are required**)
 - 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
 - Self-employment tax forms

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

The Urbana Park District reserves the right to reject incomplete applications.

By submitting this application, you acknowledge that you have read and understand all guidelines.

Please return the completed forms and supporting documents 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.**

Urbana Park District Waiver and Release of All Claims

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s), and I agree to assume the full risk of any injuries, damages or loss regardless of severity that I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s). In the event of an emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or any minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

A cancellation fee may be charged if you cancel a class or program.

There will be a \$25 Service Charge on all returned checks and declined scheduled payments.

By submitting this application, 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.

URBANA PARK DISTRICT APPLICATION FOR SCHOLARSHIP

Office Use Only Received By: _____ Date: _____ Jan-April May-Aug Sept-Dec Year: _____ Resident Non-Resident: _____	Approved By: _____ Denied Date: _____ Comments:	Contacted By: _____ Date: _____
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Please Print CLEARLY

Main Contact _____ Birthdate _____

Home Address _____ City _____ State _____ Zip _____

Primary Phone (____) _____ Secondary Phone (____) _____

Work Phone (____) _____ Email address _____

Emergency Contact _____ Emergency Phone (____) _____

How would you like to be contacted about your approval? Please circle Phone: Primary Secondary Work Email

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

Participant (First and Last Name)	Date of Birth mm/dd/yy M/F Age			Program Code	Program Name	Start Date mm/dd	Fee	Office Use Only			
								Waive	Due	CD	Reg Date
1. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____
							\$ _____	Totals			

By signing below, I certify the information I have given regarding my income and address is correct and current. I also certify that I have read the Waiver and Release of All Claims found on page 2 of this application.

Please print name: _____

Signature: _____

Date: _____

ADA Information

Do you need any accommodation in accordance with the American Disabilities Act to participate in an activity or program or to use a facility?

No

Yes

Information: _____

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.

This information is not used to determine scholarship eligibility, nor will your name be attached to any results. It is for statistical purpose only.

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

	Name	Sex	Race/National Origin
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Race/National Origin

- American Indian or Alaskan Native
- Asian, Pacific Islander
- Black/African-American
- White/Hispanic
- White/Non-Hispanic
- Multi-Racial
- Other (Please List)

INCOME INFORMATION

List ALL income received **per month** for each individual in the household. **Income includes non-cash sources, including (but not limited to): Link Card amounts, grants, donations from other agencies, subsidized housing, and Public Assistance.** You must list the gross income **before** deductions for taxes, social security, etc. You must list all employers and income. You are required to provide copies of check stubs, bank statements, or a letter from employer (on official letterhead) 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 _____

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

Please check all that apply.

- Monetary compensation for services including wages, salary, commissions or fees
- Net income from non-farm and farm self-employment
- Social security
- Unemployment compensation
- 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
- 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

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

Income	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"/> _____	\$ _____

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 \$ _____