

Winfield Park District Financial Assistance Application Form

Instructions:

1. Complete this application in its entirety.
2. Attach proof of residency
3. Include documentation (i.e. recent pay stubs, AFDC case# Copy of most recent IRS 1040 form).
4. Complete program registration form and attach to application.
5. If you have any questions, please contact Michael Bachio, Superintendent of Recreation at (630) 653-3811, or michaelb@winfieldparkdistrict.com

Submit To:

Winfield Park District
Attn: Supt. of Recreation
0N020 County Farm Road
Winfield, IL 60190

Limit 1 program per person per quarter. Eligible programs include introductory of basic level programs. Please Note: All trips, ticketed events, league team fees, rentals or contractual programs are excluded.

PLEASE PRINT:

Your Name: _____

Check one:

Home Address: _____

Parent

City: _____ Zip: _____

Legal Guardian

Home Phone: _____ Work Phone: _____

E-Mail: _____

List all persons living in your home for whom you provide support:

Dependent's First & Last Name	Age	Relationship to Applicant

- | | | |
|--|--------------------------|---|
| | No | Yes |
| Do you receive food stamps or AFDC? | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ /month |
| Do you receive unemployment benefits? | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ /month |
| Do you receive social security benefits? | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ /month |
| Do you have a savings investment accounts? | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ /month |
| Are you in the school free lunch program? | <input type="checkbox"/> | <input type="checkbox"/> School Dist. _____ |
| Do you receive housing subsidization? | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ /month |
| Do you receive child support? | <input type="checkbox"/> | <input type="checkbox"/> _____ /month |

Please list all other sources of income received by all household members (before deduction)

Name of House Member	Name of aid agency place of employment	Address/phone Number of Agency or Employer	\$Amount/month

Please explain any special medical (or comparable) situation that is causing financial hardship:

Supply at least two references (i.e. social services agencies, schools, employers, physicians.)

Information must be provided in its entirety and permission granted in order for these contacts to supply the Winfield Park District with the necessary details regarding the applicant's need.

Agency Name	Street Address	City	Zip	Phone	Contact Name

I certify that all the above information is true and correct and that all income has been reported. I understand that Park District officials may verify this information and that misrepresentation of the information will result in the denial of partial waiver of fees.

Signature of Applicant

Date

Office Use Only:

Approved for up to 50% program discount

Decline (must give reason)

Applicant notified verbally or by mail ___/___/___

Signature of Winfield Park District Representative

Date

**WINFIELD PARK DISTRICT
FINANCIAL ASSISTANCE POLICY**

Purpose:

The purpose of the Winfield Park District's Scholarship program is to give residents that are in financial need the opportunity to participate in a specific activity or program (seasonally) at a reduced rate depending on fund availability. The scholarship program is not meant to be used for long term program purposes.

*The Winfield Park District recognizes the need within the community to provide assistance to residents who do not have the financial resources to participate in Park District programs.

*Income eligibility for the Winfield Park District's Waiver of Program Fees is based on the following gross household income guidelines.

*The Waiver of Program Fees is available to Winfield Park District residents only.

*An applicant must supply the Winfield Park District with documentation of any forms of income he or she is currently receiving-i.e. recent pay stubs, AFDC Case #, a copy of a recent IRS 1040 form, etc.

*A Waiver of Program Fees may be issued for six months or one year. An applicant must reapply at the end of the time frame granted in order to continue participation in the program.

*Programs are eligible for partial (50%) waiver of fees.

*Programs available for partial waiver of fees include introductory or basic level programs. Trips, ticketed events, league team fees, rentals, and contractual programs are not eligible.

*Please allow seven days for review of this application. Winfield Park District reserves the right to approve partial funding or deny any applicant request.

*All information is confidential and not a matter of public record.

2018 HHS Poverty Guidelines

Persons in Family/Household	Poverty Guideline	
1	\$12,140	
2	\$16,460	
3	\$20,780	
4	\$25,100	
5	\$29,420	
6	\$33,740	
7	\$38,060	