



Urbana Park District

YOUTH FINANCIAL AID APPLICATION

1. The Urbana Park District Financial Aid 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 discounts 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. **Financial Aid 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. Add all programs you may be interested in. There is no limit to the number of programs you can request per submission. There is no penalty for not registering for a program requested.
6. To apply for financial aid, the adult head of household must complete and sign this application.
7. The following items are unavailable for financial aid: Urbana Indoor Aquatic Center memberships, adult programs, private swim lessons, sports jerseys, and dog park memberships.

Please include the following with your application:

1. Proof of Urbana residency (license, lease, utility bill, medical card, letter from school, etc.)
2. Fully completed application form
3. Proof of **household** income such as:
 - Two recent pay stubs for each job and each person
 - Last month's bank statement
 - Link Card letter
 - Stipend letter
 - Child Support
 - Unemployment
 - Self-employment tax forms
 - Free/reduced lunch

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.1**

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 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

Adult Contact _____ Adult Contact Birthdate ____/____/____

Home Address _____ City _____ State ____ Zip _____

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

Email address _____

Emergency Contact _____ Emergency Phone (_____) _____

Please circle how would you like to be contacted about your approval

Phone: Primary Secondary Email

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.

Print Adult Contact Name: _____

Adult Contact 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? <input type="checkbox"/> No <input type="checkbox"/> Yes Information: _____ _____ _____ _____

FAMILY INFORMATION

Number of Adults Living in Household _____

Number of Children Living in Household _____

Do you receive childcare assistance? No Yes

If yes, from what agency? _____

INCOME INFORMATION

Check **ALL** income received **per month** for each adult in the household. You must list the gross income **before** deductions for taxes, social security, etc. You are required to provide documentation to verify income.

Name _____ Age _____

Income (check all that apply) **Monthly Earnings**

- | | |
|--|----------|
| <input type="checkbox"/> Employment | \$ _____ |
| <input type="checkbox"/> Unemployment | \$ _____ |
| <input type="checkbox"/> Link | \$ _____ |
| <input type="checkbox"/> Grants/Stipends | \$ _____ |
| <input type="checkbox"/> Housing | \$ _____ |
| <input type="checkbox"/> Welfare | \$ _____ |
| <input type="checkbox"/> Pension | \$ _____ |
| <input type="checkbox"/> Social Security | \$ _____ |
| <input type="checkbox"/> Child Support | \$ _____ |
| Total | \$ _____ |

Name _____ Age _____

Income (check all that apply) **Monthly Earnings**

- | | |
|--|----------|
| <input type="checkbox"/> Employment | \$ _____ |
| <input type="checkbox"/> Unemployment | \$ _____ |
| <input type="checkbox"/> Link | \$ _____ |
| <input type="checkbox"/> Grants/Stipends | \$ _____ |
| <input type="checkbox"/> Housing | \$ _____ |
| <input type="checkbox"/> Welfare | \$ _____ |
| <input type="checkbox"/> Pension | \$ _____ |
| <input type="checkbox"/> Social Security | \$ _____ |
| <input type="checkbox"/> Child Support | \$ _____ |
| Total | \$ _____ |

Name _____ Age _____

Income (check all that apply)

Monthly Earnings

- | | |
|--|----------|
| <input type="checkbox"/> Employment | \$ _____ |
| <input type="checkbox"/> Unemployment | \$ _____ |
| <input type="checkbox"/> Link | \$ _____ |
| <input type="checkbox"/> Grants/Stipends | \$ _____ |
| <input type="checkbox"/> Housing | \$ _____ |
| <input type="checkbox"/> Welfare | \$ _____ |
| <input type="checkbox"/> Pension | \$ _____ |
| <input type="checkbox"/> Social Security | \$ _____ |
| <input type="checkbox"/> Child Support | \$ _____ |
| Total | \$ _____ |

Name _____ Age _____

Income (check all that apply)

Monthly Earnings

- | | |
|--|----------|
| <input type="checkbox"/> Employment | \$ _____ |
| <input type="checkbox"/> Unemployment | \$ _____ |
| <input type="checkbox"/> Link | \$ _____ |
| <input type="checkbox"/> Grants/Stipends | \$ _____ |
| <input type="checkbox"/> Housing | \$ _____ |
| <input type="checkbox"/> Welfare | \$ _____ |
| <input type="checkbox"/> Pension | \$ _____ |
| <input type="checkbox"/> Social Security | \$ _____ |
| <input type="checkbox"/> Child Support | \$ _____ |
| Total | \$ _____ |

Name _____ Age _____

Income (check all that apply)

Monthly Earnings

- | | |
|--|----------|
| <input type="checkbox"/> Employment | \$ _____ |
| <input type="checkbox"/> Unemployment | \$ _____ |
| <input type="checkbox"/> Link | \$ _____ |
| <input type="checkbox"/> Grants/Stipends | \$ _____ |
| <input type="checkbox"/> Housing | \$ _____ |
| <input type="checkbox"/> Welfare | \$ _____ |
| <input type="checkbox"/> Pension | \$ _____ |
| <input type="checkbox"/> Social Security | \$ _____ |
| <input type="checkbox"/> Child Support | \$ _____ |
| Total | \$ _____ |

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