

MOKENA COMMUNITY PARK DISTRICT  
FINANCIAL ASSISTANCE APPLICATION

The Mokena Community Park District offers financial assistance to families and individuals who reside within the boundaries of the Mokena Community Park District, and who are financially unable to participate in recreational activities and programs. A completed financial application is required. Financial assistance will not be available for contractual programs, program supplies/shirts/uniforms, trips/meals, tickets, Special Events, Early Education Preschool or any other tuition based programs, or membership in the Oaks Fitness Center.

The Superintendent of Recreation and the Executive Director will review each application and verify eligibility based upon family size, income level, and extenuating circumstances. Assistance is limited to 50% of program/activity cost, and no more than \$75 per program. Only two programs per program brochure per family are eligible for assistance, with a \$300 annual limit.

APPLICATION PROCEDURE

1. Complete, in full, the Financial Aid Application Form. Families must submit a copy of their most recent federal income tax return or W-2, copies of (2) recent pay stubs from each wage earner, and a copy of your Public Aid card listing each person covered (if applicable).
2. The completed application along with all required documentation should be returned to:

Mokena Community Park District  
10925 La Porte Road  
Mokena, IL 60448  
Attn: Superintendent of Recreation

Incomplete forms will delay the application process. Please allow 7 business days before program deadline for processing. Submittal of application does not guarantee there will be a spot available at time of registration.

3. All information submitted on the Financial Assistance application must be true and accurate. Any fee waiver granted on the basis of false information supplied by the applicant will be revoked and further assistance jeopardized. The applicant may also be prosecuted to the fullest extent of the law.
4. Balance of fees owed must be paid in full at time of registration.
5. This policy is subject to change without notice.

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I. **GENERAL INFORMATION**

1. Head of Household: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children's last name if different from Parents/Guardian: \_\_\_\_\_

2. Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Spouse Work Phone: \_\_\_\_\_

3. Marital Status:  Single  Married  Divorced  Separated  Widowed

4. Total Number in Household: \_\_\_\_\_

Household Members:

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

5. Do you  Own  Rent? Monthly Payment: \_\_\_\_\_

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II. **FINANCIAL RESOURCES**

1. Public Assistance – Do you receive Public Assistance?  Yes  No  
(If YES, please check all that apply and submit [proof of assistance.]

<u>Agency</u>	<u>Contact Person</u>	<u>Monthly Amt.</u>
<input type="checkbox"/> Public School (free or reduced lunch)	_____	\$ _____
<input type="checkbox"/> Social Security	_____	\$ _____
<input type="checkbox"/> SSI Disability	_____	\$ _____
<input type="checkbox"/> Worker's Compensation	_____	\$ _____
<input type="checkbox"/> Pension	_____	\$ _____
<input type="checkbox"/> Public Aid	_____	\$ _____
<input type="checkbox"/> Foster Parent (DCFS)	_____	\$ _____
<b><u>TOTAL ASSISTANCE</u></b>		\$ _____

2. Employment – Families must submit a **copy** of this year's federal income tax return or W-2, and **two** (2) recent pay stubs from **each** wage earner listed below.

Head of household: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Monthly Income \$ \_\_\_\_\_

Spouse: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Monthly Income \$ \_\_\_\_\_

Other: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Monthly Income \$ \_\_\_\_\_

**TOTAL EMPLOYMENT INCOME** \$ \_\_\_\_\_

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3. Other Cash Resources (Check all that apply)

	<u>Amount per Month</u>
<input type="checkbox"/> Alimony	\$ _____
<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> Unemployment Compensation	\$ _____
<b>Other Cash Resources</b>	
<input type="checkbox"/> Current Savings Balance	\$ _____
<input type="checkbox"/> Other	\$ _____
TOTAL	\$ _____

INCOME SUMMARY

TOTAL PUBLIC ASSISTANCE	\$ _____
TOTAL EMPLOYMENT INCOME	\$ _____
OTHER CASH RESOURCES	\$ _____
TOTAL	\$ _____



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V. Program(s) for which financial aid is requested:

	<u>Program #</u>	<u>Name of Program</u>	<u>Fee</u>
Program (1)	_____	_____	\$ _____

Participant's name: \_\_\_\_\_

	<u>Program #</u>	<u>Name of Program</u>	<u>Fee</u>
Program (2)	_____	_____	\$ _____

Participant's name: \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

VI. SIGNATURE

The above information is true and correct to the best of my knowledge. I fully understand that all information will be kept in strict confidence by the Mokena Community Park District.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY

Total Financial Resources	\$ _____
Total Cost for Programs Requested	\$ _____
Park District Subsidy Granted	\$ _____
Balance Due	\$ _____

Approved By: \_\_\_\_\_