



FINANCIAL ASSISTANCE APPLICATION

The Mokena Community Park Foundation 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.

The Superintendent of Recreation and the Executive Director will review each application and verify eligibility based upon family size, income level, and extenuating circumstances, then refer to the Foundation for approval. Assistance may be limited to a percentage of program/activity cost, depending on circumstances. Only two programs per program brochure per participant are eligible for assistance.

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 Foundation
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. Financial assistance will not be available for trips/meals, tickets, Special Events, Early Education Preschool or any other tuition-based programs, or membership in the Oaks Fitness Center.
5. Balance of fees owed (if any) must be paid in full at time of registration.
6. This policy is subject to change without notice.



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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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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)	_____	\$ _____
TOTAL ASSISTANCE		\$ _____

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	\$ _____
Other Cash Resources	
<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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EXTENUATING CIRCUMSTANCES

The following information will assist us to better understand any extenuating financial extenuating circumstances you may be experiencing.

1. Medical expenses (other than deductibles and co-payments) not covered by insurance:

\$ _____

Please specify medical condition _____

2. Child Care expenses

\$ _____ per month

Name of provider: _____ Phone: _____

3. Other – please specify: _____

Please explain the extenuating circumstances that necessitate your application for financial assistance.
(If additional space is needed, please add a sheet.)



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Program # Name of Program Fee

Participant's name: _____

Program (1) _____ \$ _____

Program # Name of Program Fee

Participant's name: _____

Program (2) _____ \$ _____

List additional programs on back, if necessary.

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

FOR OFFICE USE ONLY

Residency Verified: _____

Total Financial Resources \$ _____

Total Cost for Programs Requested \$ _____

Foundation Subsidy Granted \$ _____

Balance Due \$ _____

Approved By: _____