



CHI-TOWN SHOWDOWN SCHOLARSHIP APPLICATION

The Mokena Community Park Foundation offers financial assistance through the Chi-Town Showdown 5K Scholarship Fund, to children who reside within the boundaries of the Mokena Community Park District, and who are financially unable to participate in athletic programs. A completed financial application is required. The Chi-Town Showdown Scholarship can also be applied toward participation with one of the Park District's affiliated organizations: Mokena Baseball/Softball Association (in-house league only) or Mokena Burros.

The Superintendent of Recreation and the Executive Director will review each application and verify eligibility based upon family size, income level, and extenuating circumstances.

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. Scholarship will be paid directly to Mokena Park District or affiliated organization.
5. This policy is subject to change without notice.



CHI-TOWN SHOWDOWN SCHOLARSHIP APPLICATION

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: _____



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)	_____	\$ _____
<u>TOTAL ASSISTANCE</u>		\$ _____

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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III. 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: _____

- IV. 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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V. Athletic Program(s) for which scholarship 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

FOR OFFICE USE ONLY

Residency Verified: _____

Total Financial Resources \$ _____

Total Cost for Programs Requested \$ _____

Foundation Subsidy Granted \$ _____

Balance Due \$ _____

Approved By: _____