

MOKENA COMMUNITY PARK DISTRICT FOUNDATION
FINANCIAL ASSISTANCE APPLICATION

The Mokena Community Park District 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 assistance application is required.

The Mokena Community Park District Foundation will review each application and verify eligibility based upon family size, income level, and extenuating circumstances. 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 may be asked to provide 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 should be returned to:
Mokena Community Park District Foundation
Attn: Financial Assistance
10925 La Porte Road
Mokena, IL 60448

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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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: _____

II. **FINANCIAL RESOURCES**

1. Public Assistance – Do you receive Public Assistance? Yes No
(If YES, please check all that apply)

Agency

- | | |
|--|---|
| <input type="checkbox"/> Public School (free or reduced lunch) | <input type="checkbox"/> Foster Parent (DCFS) |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Public Aid |
| <input type="checkbox"/> SSI Disability | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Worker’s Compensation | |

2. Employment

Head of household: Employer: _____
Address: _____
Employer Phone: _____

Spouse: Employer: _____
Address: _____
Employer Phone: _____

Other: Employer: _____
Address: _____
Employer Phone: _____

III. **EXTENUATING CIRCUMSTANCES**

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

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

| Activity Name | Dates of Activity | Participant Name | Cost of Program | Amount Requested to be Covered |
|---------------|-------------------|------------------|-----------------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | Total Fees Requested: | |

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

Total Cost for Programs Requested \$ _____

Foundation Subsidy Granted \$ _____

Balance Due \$ _____

Approved By: _____