**MUNDELEIN PARK & RECREATION DISTRICT**
*Connecting Our Community*

1401 North Midlothian Road, Mundelein, IL 60060
P: 847.566.0650 F. 847.566.8557

MPF
**MUNDELEIN PARKS FOUNDATION**

# FINANCIAL ASSISTANCE ELIGIBILITY REQUIREMENTS

To be eligible to receive financial assistance, the applicant must meet the following criteria:

- Applicants must be a resident of the Mundelein Park District.
- Applicants must apply for assistance in writing using the financial aid form provided by the District.
- All documentation requested by the District must be turned in prior to determination of eligibility.

Before submitting your scholarship application to the park district, please read and check off the boxes of the documents required for your application to be processed. **Application will not be processed until all applicable documents are received.**

☐ Completed Financial Assistance Application

☐ Completed registration form with activity you are requesting.

☐ Social Security or Supplemental Social Security Recipient Documentation

☐ Public Aid Recipient Documentation

☐ Unemployment Compensation Documentation

☐ A photocopy of a driver's license for all heads of households listed on the application. This must show your Mundelein address.

**FINANCIAL ASSISTANCE PROGRAM GUIDELINES:**

- Financial assistance may not be available for all programs, for example contract programs.
- The amount of assistance may vary based on need and/or money available.
- There must be space availability in the activity.
- The participant's portion of the payment is due before registration can be processed, unless otherwise arranged.

**TYPES OF FINANCIAL ASSISTANCE AVAILABLE:**

**Payment Plan:** The cost of the program will be spread over a period of time to allow the family to afford the program.

**Partial Payment:** The cost of the program will be reduced. The amount of the reduction will be determined on an individual basis.

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# FINANCIAL ASSISTANCE APPLICATION

☐ NEW APPLICANT          ☐ SUBSEQUENT APPLICATION

## Application Procedures:

1. Complete the financial assistance application form. Return the completed form along with all required documentation to:
   Registration Department
   Mundelein Park District, 1401 North Midlothian Rd, Mundelein IL 60060
   Phone 847.388.5451
2. Financial Aid applications and documents are valid for the calendar year and will follow the same process for each program request.
3. Upon receiving applications the Superintendent of Recreation will review the need for financial assistance.
4. The Registrar will notify all applicants of a decision within 2 weeks.

Family Last Name:_____

Father/Guardian's First Name:_____

Mother/Guardian's First Name:_____

Street Address:_____City:_____State:_____Zip:_____

Marital Status (check one)   ☐ Single   ☐ Married   ☐ Separated   ☐ Divorced   ☐ Widowed

Has your address changed since last registration? ☐ Yes   ☐ No

If Yes please list past address:_____

Primary Phone: _____Alternate Phone:_____

Email Address:_____

## First and Last Name(s) of Children:

Please list all children:

1. _____Birth Date:_____Age:_____

2. _____Birth Date:_____Age:_____

3. _____Birth Date:_____Age:_____

4. _____Birth Date:_____Age:_____

5. _____Birth Date:_____Age:_____

6. _____Birth Date:_____Age:_____

# FINANCIAL ASSISTANCE APPLICATION CONT.

Please use the following lines to describe your family's circumstances:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Does your family receive any of the following services:

(Check boxes to the items below)

☐ Supplemental Social Security Income (SSI or SSD)

☐ Food Service Program (SNAP, WIC)

☐ Medicaid

☐ Free/Reduced Lunch Program

☐ Section 8 or Public Housing

☐ Unemployment Compensation Documentation

☐ Temporary Assistance for Needy Families (TANF)

_Please provide documentation for each service._

I fully understand that the financial circumstances outlined above will be kept confidential by the Mundelein Park District. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of any changes in my financial status. The above information is true and correct to the best of my knowledge. **Each wage earner must sign below.**

Applicant Signature _____ Date_____

Applicant Signature _____ Date_____