

# SCHOLARSHIP application

## SCHOLARSHIP PROGRAM

Sponsored by the Knights of Columbus, Fr. Frank Anksorus Council, NO. 6521 Bolingbrook, Illinois

### Philosophical Position

It is the opinion of the Lily Cache Special Recreation Association that every resident should have the opportunity to participate in recreational programs. LCSRA will provide a scholarship program for residents faced with financial hardships.

### Qualifications for Scholarship Assistance

Evidence of financial need must be demonstrated to qualify for assistance. Factors defining financial need include current participation in public aide, food stamps, school lunch or subsidized housing programs, excessive medical bills, and/or family income.

### Application Guidelines

1. Aid is confidential and is not a matter of public record.
2. All scholarships will be awarded on the basis of need and availability. LCSRA reserves the right to approve full or partial funding or deny applicant's request.
3. The therapeutic recreation supervisor will evaluate all requests for financial assistance.
4. Scholarships will be awarded on a per person, per program, per season basis. Granting of a scholarship does not ensure continued approval for succeeding sessions. LCSRA seasons are as follows: winter/spring, summer and fall
5. Application must be completed and all pertinent records must be presented before the applicant is considered.
6. In order to receive assistance, the applicant must be on at least one of the public aid programs and must be verified by at least one of the references given on the application form.
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### Limits

1. Funding is for special recreation programs only and cannot be used for park district programs.
2. Applicant must be a Bolingbrook or Plainfield resident.
3. Partial assistance may be granted in some cases. The established minimum payment of \$20 is due at the time of registration.
4. Only partial assistance is available for overnight trips and other contractual programs.
5. There is a \$200 limit per participant, per season.

If you have any questions, please contact Jill Mukushina, therapeutic recreation supervisor, at (630) 739-1124.

**This form must be completed and returned to the Lily Cache Special Recreation Association office. Applications received prior to the registration deadline will be given first consideration for assistance. Following verification of information supplied, applicant will be notified by mail with an approval letter and program confirmation.**

Name of participant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Person completing application \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**Type of Assistance Requesting**

\_\_\_\_\_ Partial Award      \_\_\_\_\_ Full Award      \_\_\_\_\_ Payment Plan

**Program Request**

Program Code	Name	Full Cost	Type of Assistance
<b>Total Dollar Amount Requested</b>			<b>\$</b>

**Please check items to indicate financial need and attach documentation:**

<input type="checkbox"/>	<b>Public Aid</b>	Aid Number:
<input type="checkbox"/>	<b>Food Stamps</b>	Case Number:
<input type="checkbox"/>	<b>School Lunch Program</b>	School Attending:
<input type="checkbox"/>	<b>Subsidized Housing</b>	Name of Unit:
<input type="checkbox"/>	<b>Excessive Medical Bills</b>	Reason:

**References**

At least two references, i.e. social services agencies, schools, employers, physicians or others, must be provided and permission given below for them to supply information regarding applicant's financial need.

Agency Name	Address	Contact Name	Phone

**Release of Information Permission**

I certify that the above information is true, correct and complete, and authorize the Lily Cache Special Recreation Association to conduct reference checks to verify accuracy of information. I understand that falsified statements on this application shall be grounds to revoke scholarship funds and be expelled from the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_