



**ROTARY CLUB OF WOODRIDGE  
WOODRIDGE PARK DISTRICT  
FINANCIAL ASSISTANCE/SCHOLARSHIP PROGRAM**

**Economic Hardship & Financial Assistance (Scholarship) Program**

The Rotary Club of Woodridge acknowledges the need for residents with an economic hardship to enrich their lives through participation in recreation programs. To ensure equal access to recreation programs through the Woodridge Park District (“District”), the Rotary Club of Woodridge (“Rotary”) will provide funding assistance/scholarships for District residents in financial need subject to available and fiscal year appropriations.

Assistance may be in the form of a payment plan whereby the cost of the program will be spread over a period of time to allow the family/individual to afford the program as determined by the District or may be a partial scholarship whereby the cost of the program will be reduced according to the guidelines stated hereinafter and the difference reimbursed by Rotary.

Applications, determination of need, and amount of funding assistance shall be determined per the following guidelines:

1. Financial assistance/scholarship participants must reside within the boundaries of the Woodridge Park District to be eligible.
2. All information on the application must be true and accurate and will be kept confidential. Scholarships are legally recoverable if awarded on the basis of false information supplied by the applicant and will nullify the request for a scholarship.
3. The Executive Director and Deputy Director of the Woodridge Park District shall serve as agents for the Rotary Club of Woodridge to determine eligibility and funding assistance/scholarships.
4. All financial assistance/scholarships will be awarded on a first come-first serve basis, on the basis of need and the ability of Rotary to absorb the cost. The District reserves the right to approve partial funding or deny applicant’s request.
5. The District shall request from Rotary payment based on a reimbursement basis for financial assistance/scholarships approved. The District shall annually or more frequently as requested by Rotary to provide a statement of approved financial assistance/scholarships.
6. An application must be completed every time a request for financial assistance/scholarship is made. Granting of assistance/scholarship does not ensure continued approval for succeeding sessions.

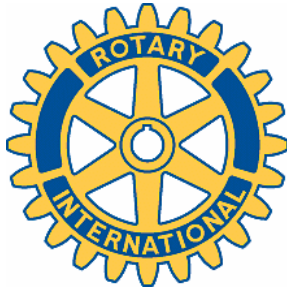


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7. All District programs are available for scholarships EXCEPT for trips, Kidzsquad, Tot School and other contractual/coop programs. For year round one-time fee programs (i.e. Storm Soccer, Sea Lions Swim Team, etc.) assistance will be limited to the yearly maximum per family amount.

Eligible financial assistance/scholarship may be applied towards purchase of a family pool pass calculated at a per individual rate based on eligibility per the established income guidelines:

- a. Based on Federal Income Free Lunch Guidelines: (e.g. 5 member pass @ \$284 divided by 5 members equals \$56.80 per individual multiplied at 60% assistance equals a scholarship of \$34.00 per individual or a total scholarship of \$170.00, family owes \$114.00).
  - b. Based on Federal Reduced Price Meal Income Guidelines: (e.g. 5 member pass @ \$284 divided by 5 members equals \$56.80 per individual multiplied at 50% assistance equals a scholarship of \$28.40 per individual or a total scholarship of \$142.00, however maximum assistance per family of \$120 applies, family owes \$164.00).
  - c. If determined the amount owed is financially difficult for recipient to pay one lump sum due, the Director may provide additional assistance to establish a payment plan for recipient. Failure to pay as agreed to the payment terms may result in restricted access to the facility.
8. Seasons & Year defined as Summer: June - August, Fall: Sept. - December, Winter/Spring: January - May) to coincide with WPD fiscal year May 01st- April 30th.
  9. **Applicants may only apply for assistance/scholarships for one (1) program/activity/class per session per participant.** Applicant must submit completed application seventy-two (72) hours before the priority registration deadline date of the program season. The District prefers applicants submit the first week after each seasons' brochure becomes available to the public.
  10. Recipients awarded assistance/scholarship must pay their portion prior to the start of the program. Recipients' failure to pay their portion of the program fee will result in denying the recipient access to the program/activity/class.
  11. Eligibility for financial assistance shall be based on the requirements established



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for the most recent published Federal Income Free Meals Guidelines and Reduced Priced Meals Guidelines and will be judged based on the need of the family as determined by the Executive Director.

The District will provide to eligible persons assistance based on a percentage of the program fee depending on income level and cost of program fee for non-contractual programs and pool passes (see below guidelines). The Director may exceed the guideline amounts due to extraordinary circumstances. Funding for the assistance program will be established in the annual budget and applications will be considered for each program registration period on a first come, first serve basis.

12. Applicants must fill out application fully, and shall attach the following documents:
- a. Park District Program Registration Form
  - b. Financial Assistance/Scholarship Application Form
  - c. Indemnification/Hold Harmless Waiver signed
  - d. Payment for recipient's share of program fee (program fee less scholarship amount)
  - d. Copy of public aid card, county aid number or other eligible federal, state, county verification and/or payroll stubs.

13. Following approval of application, registration for program(s) will follow the standard registration process.

14. Income Guidelines:

**A. Assistance Based on Federal Free Meals Income Guidelines**

<u>Program Fee</u>	<u>% Assistance</u>	<b>Min. Scholarship Assistance Per Person Per Program Fee Per Season *</b>	<b>Max. Scholarship Assistance Per Person Per Program Fee Per Season *</b>
\$25 > \$50	70%	\$17.50	\$35.00
\$51 > \$100	60%	\$30.60	\$60.00
\$101 > \$150	50%	\$50.50	\$75.00
\$151 >	40%	\$60.40	\$200 max. per family per year



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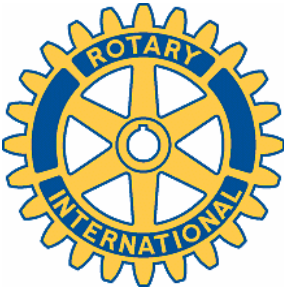
**B. Assistance Based on Federal Reduced Price Meals Income Guidelines**

<u>Program Fee</u>	<u>% Assistance</u>	<b>Min. Scholarship Assistance Per Person Per Program Fee Per Season *</b>	<b>Max. Scholarship Assistance Per Person Per Program Fee Per Season *</b>
\$25> \$50	60%	\$15.00	\$30.00
\$51> \$100	50%	\$25.50	\$50.00
\$101> \$150	40%	\$40.40	\$65.00
\$151 >	30%	\$45.30	\$120 max. per family per year

\* - maximum financial assistance/scholarship available is \$200 per family per year for income based on Federal Free Meal Income Guidelines and \$120 per family per year based on Federal Reduce Price Meals Income Guidelines.

15. Any person who receives financial assistance for a class and fails to attend the program on a regular basis may be disqualified from future eligibility.

16. Income guidelines shall be updated annually as published by respective agencies.



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**Rotary Financial Assistance (Scholarship) Program Application Form**

This form must be completed and attached to a completed Woodridge Park District program registration form and submitted to the Woodridge Park District, Attention: Mr. Don Ritter, 2600 Center Drive, Woodridge, IL 60517 Upon verification of information supplied on the application form, applicant will be notified as to the disposition of their request.

**Name of Person Requesting Assistance - Program Participant:**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Gender (M/F): \_\_\_\_\_

**Name of Parent/Guardian:**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**Type of Financial Assistance/Scholarship Applying For:**

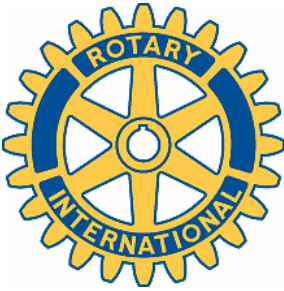
\_\_\_\_\_ Payment Plan      \_\_\_\_\_ Partial Payment (Scholarship)

**Number of people living in household:** \_\_\_\_\_

**\* Maximum Allowed: One program/class/activity per persons per session.**

**\*\*Only Woodridge Park District residents are eligible for assistance/scholarship**

**\*\*\*Attach WPD Program Registration Form / Signed Waiver**



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**Please check items below to indicate need of assistance and attach verifying documentation** (e.g. 1040 Federal Tax Forms, W-2 forms, paycheck stubs, etc.):

Household Income (Annual Pre-Tax Salary: \_\_\_\_\_)  
(Other Annual Pre-Tax income: \_\_\_\_\_)

Public Aid (Aid No. \_\_\_\_\_)

Food Stamps (Case No. \_\_\_\_\_)

School Lunch Program (Reduced Fee  or Free Lunch )

School Attending \_\_\_\_\_

Subsidized Housing

Excessive Medical Bills (Reason: \_\_\_\_\_)

Other Financial Difficulties (Reason: \_\_\_\_\_)

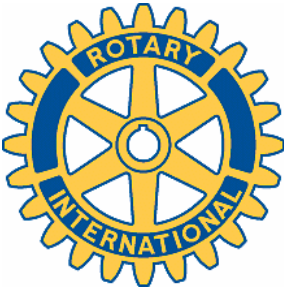
**References:** At least two (2) references (i.e. social service agencies, school, employers) must be provided and permission given below for them to supply the Woodridge Park District/Rotary Club of Woodridge with information regarding the applicant's financial need.

	Name	Address/Phone	Title	Relation to Person Completing Application
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I certify that the above information is true and correct and understand that its accuracy may be verified. I agree to repay, in full, any financial assistance awarded based upon false information. I also give my permission for the references listed above to be contacted to supply the Woodridge Park District/Rotary Club of Woodridge with information regarding financial need.

\_\_\_\_\_  
Signature of Person Completing Application

\_\_\_\_\_  
Date



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(For Office Use Only)

Date Application Received: \_\_\_\_\_

Verification of References & Documentation Results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assistance/Scholarship Denied

Reason for denial:  Income too high       Incomplete Application

Other \_\_\_\_\_

Assistance/Scholarship Approved       Payment Plan or  Financial Assistance

Payment Plan or Financial Assistance Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Notified: \_\_\_\_\_      Date Notified: \_\_\_\_\_

\_\_\_\_\_  
Signature of Park District Representative

\_\_\_\_\_  
Date



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Income Guidelines:

**A. Assistance Based on Federal Free Meals Income Guidelines**

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**B. Assistance Based on Federal Reduced Price Meals Income Guidelines**

<u>Program Fee</u>	<u>% Assistance</u>	<b>Min. Scholarship Assistance Per Person Per Program Fee Per Season *</b>	<b>Max. Scholarship Assistance Per Person Per Program Fee Per Season *</b>	
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INCOME ELIGIBILITY GUIDELINES											
		Effective from July 1, 2009					to June 30, 2010				
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
<b>48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES</b>											
1 .....	10,830	20,036	1,670	835	771	386	14,079	1,174	587	542	271
2 .....	14,570	26,955	2,247	1,124	1,037	519	18,941	1,579	790	729	365
3 .....	18,310	33,874	2,823	1,412	1,303	652	23,803	1,984	992	916	458
4 .....	22,050	40,793	3,400	1,700	1,569	785	28,665	2,389	1,195	1,103	552
5 .....	25,790	47,712	3,976	1,988	1,836	918	33,527	2,794	1,397	1,290	645
6 .....	29,530	54,631	4,553	2,277	2,102	1,051	38,389	3,200	1,600	1,477	739
7 .....	33,270	61,550	5,130	2,565	2,368	1,184	43,251	3,605	1,803	1,664	832
8 .....	37,010	68,469	5,706	2,853	2,634	1,317	48,113	4,010	2,005	1,851	926
For each add'l family member, add	3,740	6,919	577	289	267	134	4,862	406	203	187	94
<b>ALASKA</b>											
1 .....	13,530	25,031	2,086	1,043	963	482	17,589	1,466	733	677	339
2 .....	18,210	33,689	2,808	1,404	1,296	648	23,673	1,973	987	911	456
3 .....	22,890	42,347	3,529	1,765	1,629	815	29,757	2,480	1,240	1,145	573
4 .....	27,570	51,005	4,251	2,126	1,962	981	35,841	2,987	1,494	1,379	690
5 .....	32,250	59,663	4,972	2,486	2,295	1,148	41,925	3,494	1,747	1,613	807
6 .....	36,930	68,321	5,694	2,847	2,628	1,314	48,009	4,001	2,001	1,847	924
7 .....	41,610	76,979	6,415	3,208	2,961	1,481	54,093	4,508	2,254	2,081	1,041
8 .....	46,290	85,637	7,137	3,569	3,294	1,647	60,177	5,015	2,508	2,315	1,158
For each add'l family member, add	4,680	8,658	722	361	333	167	6,084	507	254	234	117
<b>HAWAII</b>											
1 .....	12,460	23,051	1,921	961	887	444	16,198	1,350	675	623	312
2 .....	16,760	31,006	2,584	1,292	1,193	597	21,788	1,816	908	838	419
3 .....	21,060	38,961	3,247	1,624	1,499	750	27,378	2,282	1,141	1,053	527
4 .....	25,360	46,916	3,910	1,955	1,805	903	32,968	2,748	1,374	1,268	634
5 .....	29,660	54,871	4,573	2,287	2,111	1,056	38,558	3,214	1,607	1,483	742
6 .....	33,960	62,826	5,236	2,618	2,417	1,209	44,148	3,679	1,840	1,698	849
7 .....	38,260	70,781	5,899	2,950	2,723	1,362	49,738	4,145	2,073	1,913	957
8 .....	42,560	78,736	6,562	3,281	3,029	1,515	55,328	4,611	2,306	2,128	1,064
For each add'l family member, add	4,300	7,955	663	332	306	153	5,590	466	233	215	108

Authority: (42 U.S.C. 1758(b)(1))

Dated: March 22, 2009.

E. Enrique Gomez,

Acting Administrator.

[FR Doc. E9-6806 Filed 3-26-09; 8:45 am]

BILLING CODE 3410-30-C

**DEPARTMENT OF AGRICULTURE**

**Forest Service**

**Dixie National Forest; Tropic To Hatch 138kV Transmission Line Project, Correction to Include Notice of Intent To Amend the Bureau of Land Management, Grand Staircase-Escalante National Monument Management Plan**

**AGENCY:** Forest Service, USDA and Bureau of Land Management, USDI.

**ACTION:** Correction to notice of intent.

**SUMMARY:** Pursuant to section 102(2) of the National Environmental Policy Act of 1969, 40 Code of Federal Regulations (CFR) subparts 1500-1508, and 43 CFR subpart 1610.5-5 (Planning Regulations), notice is hereby given that the Bureau of Land Management (BLM), Grand Staircase-Escalante National Monument intends to prepare an amendment to the Grand Staircase-Escalante National Monument

Management Plan (MMP) with an associated environmental impact statement (EIS) in cooperation with the U.S. Forest Service as lead agency. The Dixie National Forest published a Notice of Intent in the **Federal Register** to initiate this proposal on February 21, 2008, but did not include the BLM's Grand Staircase-Escalante National Monument (GSENM) Notice of Intent into its heading. The publication of this **Federal Register** notice is to make the public aware that this action also applies to a possible land use plan amendment to the MMP. Discussion of the GSENM amendment was in the body of the original **Federal Register** notice, but was not evident in the title. The public is now provided a second opportunity to review and provide comments on this possible amendment to the BLM's MMP based on the planning criteria identified in the **SUPPLEMENTARY INFORMATION** below.

**DATES:** Public comments should be submitted in writing to the address listed below within 30 days following the publication of this notice in the **Federal Register**.

**ADDRESSES:** Send written comments to Paul Chapman, Grand Staircase-Escalante National Monument, Tropic to Hatch 138kV Transmission Line, BLM Project Leader, 190 East Center, Kanab,

Utah 84741. E-mail: *tropic\_to\_hatch\_transmission\_line\_eis\_comments@fs.fed.us*. E-mailed comments must be submitted in MS Word (\*.doc) or rich text format (\*.rtf) and should include the project name in the subject line. Written comments may also be submitted at the above address during regular business hours of 8 a.m. to 4:30 p.m., Monday-Friday.

Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. While you can ask us in your comment to withhold your personal identifying information from public review, we cannot guarantee that we will be able to do so. Comments may be published as part of the EIS.

**FOR FURTHER INFORMATION CONTACT:** Paul Chapman, Grand Staircase-Escalante National Monument project coordinator, 190 East Center, Kanab, Utah 84741 or phone (435) 644-4309.

**SUPPLEMENTARY INFORMATION:** This Notice of Intent to amend the MMP responds to a proposal from Garkane Energy Cooperative to construct, operate and maintain a 138 kilovolt (kV) electric transmission line in Garfield County,