



WOODRIDGE ROTARY FINANCIAL ASSISTANCE PROGRAM

In an effort to provide recreation, health and wellness opportunities to all residents, including those who are experiencing financial hardships, the Woodridge Park District and Woodridge Rotary Club established a Financial Assistance Program.

APPLICATIONS, DETERMINATION OF NEED, AND AMOUNT OF FINANCIAL ASSISTANCE SHALL BE DETERMINED PER THE FOLLOWING GUIDELINES:

1. Financial assistance 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, Deputy Director and Customer Service Supervisor 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. An application must be completed every time a request for financial assistance/scholarship is made. Granting of financial assistance does not ensure continued approval for succeeding sessions.
6. All District programs are available for scholarships EXCEPT for trips, KIDZ Squad and Totschool.

Cypress Cove Passes: For families that qualify for Rotary Scholarship, each immediate family member residing in the qualified household is eligible to receive up to two, 10 pass punch passes per person (a total of 20 visits, per person, per season) at 30% the cost per punch card. Cost per punch card after Rotary Scholarship is applied is \$9.00.

Once approved for the scholarship, each household member must acquire their punch pass, in person, at the Athletic Recreation Center (ARC), 8201 S. Janes Avenue, during registration hours. At that time, each person receiving their punch pass will need to have identification (photo IDs for adults, birth certificates for children, and a current utility bill). Punch cards will contain a picture of that person and will be specific to that person.

After 10 punches (10 visits) have been used, contact the Customer Service Supervisor to make payment (\$9.00) and reload the punch pass for 10 additional passes.

Punch passes are only valid for the season in which it is issued. Refunds will not be given for unused visits.
7. Recipients awarded assistance shall follow normal Park District registration procedures while using the Financial Assistance Program and 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.

8. Eligibility for financial assistance shall be based on the requirements established 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 Customer Service Supervisor.

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 Deputy 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.

INCOME GUIDELINES

The maximum amount of annual financial assistance for each family is \$400 for the free meals program and \$240 for the reduced meal program and these amounts reset on July 1 of each year.

ASSISTANCE BASED ON FEDERAL FREE MEALS INCOME GUIDELINES			
Program Fee	% Assistance	Min. Scholarship Assistance Per Person*	Max. Scholarship Assistance Per Person*
\$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	\$400 max. per family per year
ASSISTANCE BASED ON FEDERAL REDUCED-PRICE MEALS INCOME GUIDELINES			
Program Fee	% Assistance	Min. Scholarship Assistance Per Person*	Max. Scholarship Assistance Per Person*
\$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	\$240 max. per family per year
* Maximum financial assistance/scholarship available is \$400 per family per year for income based on Federal Free Meal Income Guidelines and \$240 per family per year based on Federal Reduce Price Meals Income Guidelines.			

9. Applicants must submit the following items completed in full. Delays in providing the information will delay the review approval process.
- A. Park District Program Registration Form
 - B. Financial Assistance Application
 - C. Copy of Free or Reduced Fee School Lunch Program letter OR public aid card, county aid number or other eligible federal, state, county verification and/or payroll stubs.
10. Following approval of application, registration for program(s) will follow the standard registration process.
11. 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.
12. Income guidelines shall be updated annually as published by respective agencies.

ROTARY FINANCIAL ASSISTANCE 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: Rick Knipfer, 8201 S. Janes Avenue, Woodridge, IL 60517. Upon verification of information supplied on the application form, applicant will be notified as to the disposition of their request within 3-5 business days.

NAME OF PARENT/GUARDIAN REQUESTING ASSISTANCE		
FIRST:		LAST:
ADDRESS:		CITY, ZIP CODE:
HOME PHONE #:	CELL PHONE #:	WORK PHONE #:
PROGRAM PARTICIPANT		
FIRST:	LAST:	GENDER (M/F/OTHER):
ADDRESS:		CITY, ZIP CODE:
HOME PHONE #:	CELL PHONE #:	
TYPE OF FINANCIAL ASSISTANCE/SCHOLARSHIP APPLYING FOR:		
<input type="checkbox"/> PARTIAL PAYMENT (FINANCIAL ASSISTANCE)		<input type="checkbox"/> PAYMENT PLAN
NUMBER OF PEOPLE LIVING IN HOUSEHOLD:		
PLEASE PROVIDE A SCHOOL LUNCH PROGRAM LETTER OR ONE OF THE BELOW ITEMS AND ATTACH VERIFYING DOCUMENTATION (E.G. 1040 FEDERAL TAX FORMS, W-2 FORMS, PAYCHECK STUBS, ETC.):		
<input type="checkbox"/> SCHOOL LUNCH PROGRAM (<input type="checkbox"/> REDUCED FEE OR <input type="checkbox"/> FREE LUNCH) SCHOOL ATTENDING:		
<input type="checkbox"/> HOUSEHOLD INCOME (ANNUAL PRE-TAX SALARY:) (OTHER ANNUAL PRE-TAX INCOME:)		
<input type="checkbox"/> PUBLIC AID (AID NO.)		
<input type="checkbox"/> FOOD STAMPS (CASE NO.)		
<input type="checkbox"/> SUBSIDIZED HOUSING		
<input type="checkbox"/> EXCESSIVE MEDICAL BILLS REASON:		
<input type="checkbox"/> OTHER FINANCIAL DIFFICULTIES REASON:		

ROTARY FINANCIAL ASSISTANCE PROGRAM APPLICATION FORM (CONTINUED)

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				

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

(FOR OFFICE USE ONLY)

PROGRAM PARTICIPANT

DATE APPLICATION RECEIVED:

VERIFICATION OF REFERENCES & DOCUMENTATION RESULTS:

☐ **ASSISTANCE/SCHOLARSHIP DENIED**

REASON FOR DENIAL:

☐ INCOME TOO HIGH

☐ INCOMPLETE APPLICATION

☐ OTHER:

☐ **ASSISTANCE APPROVED**

☐ FINANCIAL ASSISTANCE

☐ PAYMENT PLAN

PAYMENT PLAN OR FINANCIAL ASSISTANCE DETAILS:

APPLICATION NOTIFIED:

DATE NOTIFIED:

SIGNATURE OF PARK DISTRICT REPRESENTATIVE

DATE

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2021 to June 30, 2022											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES ANNUAL	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	12,880	23,828	1,986	993	917	459	16,744	1,396	698	644	322
2	17,420	32,227	2,686	1,343	1,240	620	22,646	1,888	944	871	436
3	21,960	40,626	3,386	1,693	1,563	782	28,548	2,379	1,190	1,098	549
4	26,500	49,025	4,086	2,043	1,886	943	34,450	2,871	1,436	1,325	663
5	31,040	57,424	4,786	2,393	2,209	1,105	40,352	3,363	1,682	1,552	776
6	35,580	65,823	5,486	2,743	2,532	1,266	46,254	3,855	1,928	1,779	890
7	40,120	74,222	6,186	3,093	2,855	1,428	52,156	4,347	2,174	2,006	1,003
8	44,660	82,621	6,886	3,443	3,178	1,589	58,058	4,839	2,420	2,233	1,117
For each add'l family member, add	4,540	8,399	700	350	324	162	5,902	492	246	227	114
ALASKA											
1	16,090	29,767	2,481	1,241	1,145	573	20,917	1,744	872	805	403
2	21,770	40,275	3,357	1,679	1,550	775	28,301	2,359	1,180	1,089	545
3	27,450	50,783	4,232	2,116	1,954	977	35,685	2,974	1,487	1,373	687
4	33,130	61,291	5,108	2,554	2,358	1,179	43,069	3,590	1,795	1,657	829
5	38,810	71,799	5,984	2,992	2,762	1,381	50,453	4,205	2,103	1,941	971
6	44,490	82,307	6,859	3,430	3,166	1,583	57,837	4,820	2,410	2,225	1,113
7	50,170	92,815	7,735	3,868	3,570	1,785	65,221	5,436	2,718	2,509	1,255
8	55,850	103,323	8,611	4,306	3,974	1,987	72,605	6,051	3,026	2,793	1,397
For each add'l family member, add	5,680	10,508	876	438	405	203	7,384	616	308	284	142
HAWAII											
1	14,820	27,417	2,285	1,143	1,055	528	19,266	1,606	803	741	371
2	20,040	37,074	3,090	1,545	1,426	713	26,052	2,171	1,086	1,002	501
3	25,260	46,731	3,895	1,948	1,798	899	32,838	2,737	1,369	1,263	632
4	30,480	56,388	4,699	2,350	2,169	1,085	39,624	3,302	1,651	1,524	762
5	35,700	66,045	5,504	2,752	2,541	1,271	46,410	3,868	1,934	1,785	893
6	40,920	75,702	6,309	3,155	2,912	1,456	53,196	4,433	2,217	2,046	1,023
7	46,140	85,359	7,114	3,557	3,284	1,642	59,982	4,999	2,500	2,307	1,154
8	51,360	95,016	7,918	3,959	3,655	1,828	66,768	5,564	2,782	2,568	1,284
For each add'l family member, add	5,220	9,657	805	403	372	186	6,786	566	283	261	131



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ASSISTANCE
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