



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, 2023 to June 30, 2024

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	14,580	26,973	2,248	1,124	1,038	519	18,954	1,580	790	729	365		
2	19,720	36,482	3,041	1,521	1,404	702	25,636	2,137	1,069	986	493		
3	24,860	45,991	3,833	1,917	1,769	885	32,318	2,694	1,347	1,243	622		
4	30,000	55,500	4,625	2,313	2,135	1,068	39,000	3,250	1,625	1,500	750		
5	35,140	65,009	5,418	2,709	2,501	1,251	45,682	3,807	1,904	1,757	879		
6	40,280	74,518	6,210	3,105	2,867	1,434	52,364	4,364	2,182	2,014	1,007		
7	45,420	84,027	7,003	3,502	3,232	1,616	59,046	4,921	2,461	2,271	1,136		
8	50,560	93,536	7,795	3,898	3,598	1,799	65,728	5,478	2,739	2,528	1,264		
For each add'l family member, add	5,140	9,509	793	397	366	183	6,682	557	279	257	129		
ALASKA													
1	18,210	33,689	2,808	1,404	1,296	648	23,673	1,973	987	911	456		
2	24,640	45,584	3,799	1,900	1,754	877	32,032	2,670	1,335	1,232	616		
3	31,070	57,480	4,790	2,395	2,211	1,106	40,391	3,366	1,683	1,554	777		
4	37,500	69,375	5,782	2,891	2,669	1,335	48,750	4,063	2,032	1,875	938		
5	43,930	81,271	6,773	3,387	3,126	1,563	57,109	4,760	2,380	2,197	1,099		
6	50,360	93,166	7,764	3,882	3,584	1,792	65,468	5,456	2,728	2,518	1,259		
7	56,790	105,062	8,756	4,378	4,041	2,021	73,827	6,153	3,077	2,840	1,420		
8	63,220	116,957	9,747	4,874	4,499	2,250	82,186	6,849	3,425	3,161	1,581		
For each add'l family member, add	6,430	11,896	992	496	458	229	8,359	697	349	322	161		
HAWAII													
1	16,770	31,025	2,586	1,293	1,194	597	21,801	1,817	909	839	420		
2	22,680	41,958	3,497	1,749	1,614	807	29,484	2,457	1,229	1,134	567		
3	28,590	52,892	4,408	2,204	2,035	1,018	37,167	3,098	1,549	1,430	715		
4	34,500	63,825	5,319	2,660	2,455	1,228	44,850	3,738	1,869	1,725	863		
5	40,410	74,759	6,230	3,115	2,876	1,438	52,533	4,378	2,189	2,021	1,011		
6	46,320	85,692	7,141	3,571	3,296	1,648	60,216	5,018	2,509	2,316	1,158		
7	52,230	96,626	8,053	4,027	3,717	1,859	67,899	5,659	2,830	2,612	1,306		
8	58,140	107,559	8,964	4,482	4,137	2,069	75,582	6,299	3,150	2,907	1,454		
For each add'l family member, add	5,910	10,934	912	456	421	211	7,683	641	321	296	148		



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