



WOODRIDGE PARK DISTRICT

SWIM LESSON SCHOLARSHIP PROGRAM



In an effort to provide recreation, health, and wellness opportunities to all residents—including those experiencing financial hardship—the Woodridge Park District has established a swim lesson scholarship. This scholarship offers complimentary swim lessons to eligible participants.

APPLICATIONS, DETERMINATION OF NEED, AND SCHOLARSHIP 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 determine eligibility for scholarships.
4. All scholarships will be awarded on a first come-first serve basis and on the basis of need. The District reserves the right to approve or deny applicant's request.
5. An application must be completed every time a request for scholarship is made. Granting of financial assistance does not ensure continued approval for succeeding sessions.
6. The Scholarship will cover the entire cost of a session of swim lessons.
7. Recipients awarded assistance shall follow normal Park District registration procedures while using the Scholarship Program.
8. Eligibility for a Scholarship 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.

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. Scholarship 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 a swim lesson Scholarship 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.

SWIM LESSON SCHOLARSHIP PROGRAM**SWIM LESSON 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: Lauren Clancy, 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:	
ADDRESS:		CITY, ZIP CODE:	
HOME PHONE #:		CELL PHONE #:	
TYPE OF FINANCIAL ASSISTANCE/SCHOLARSHIP APPLYING FOR:			
☐ PARTIAL PAYMENT (FINANCIAL ASSISTANCE)		☐ 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.):			
☐ SCHOOL LUNCH PROGRAM (☐ REDUCED FEE OR ☐ FREE LUNCH) SCHOOL ATTENDING:			
☐ HOUSEHOLD INCOME (ANNUAL PRE-TAX SALARY:) (OTHER ANNUAL PRE-TAX INCOME:)			
☐ PUBLIC AID (AID NO.)			
☐ FOOD STAMPS (CASE NO.)			
☐ SUBSIDIZED HOUSING			
☐ EXCESSIVE MEDICAL BILLS REASON:			
☐ OTHER FINANCIAL DIFFICULTIES REASON:			

SWIM LESSON SCHOLARSHIP PROGRAM APPLICATION FORM

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, 2025 to June 30, 2026]

Household size	Federal poverty guidelines	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
	Annual										
48 Contiguous States, District of Columbia, Guam, and Territories											
1	15,650	28,953	2,413	1,207	1,114	557	20,345	1,696	848	783	392
2	21,150	39,128	3,261	1,631	1,505	753	27,495	2,292	1,146	1,058	529
3	26,650	49,303	4,109	2,055	1,897	949	34,645	2,888	1,444	1,333	667
4	32,150	59,478	4,957	2,479	2,288	1,144	41,795	3,483	1,742	1,608	804
5	37,650	69,653	5,805	2,903	2,679	1,340	48,945	4,079	2,040	1,883	942
6	43,150	79,828	6,653	3,327	3,071	1,536	56,095	4,675	2,338	2,158	1,079
7	48,650	90,003	7,501	3,751	3,462	1,731	63,245	5,271	2,636	2,433	1,217
8	54,150	100,178	8,349	4,175	3,853	1,927	70,395	5,867	2,934	2,708	1,354
For each add'l family member, add	5,500	10,175	848	424	392	196	7,150	596	298	275	138
Alaska											
1	19,550	36,168	3,014	1,507	1,392	696	25,415	2,118	1,059	978	489
2	26,430	48,896	4,075	2,038	1,881	941	34,359	2,864	1,432	1,322	661
3	33,310	61,624	5,136	2,568	2,371	1,186	43,303	3,609	1,805	1,666	833
4	40,190	74,352	6,196	3,098	2,860	1,430	52,247	4,354	2,177	2,010	1,005
5	47,070	87,080	7,257	3,629	3,350	1,675	61,191	5,100	2,550	2,354	1,177
6	53,950	99,808	8,318	4,159	3,839	1,920	70,135	5,845	2,923	2,698	1,349
7	60,830	112,536	9,378	4,689	4,329	2,165	79,079	6,590	3,295	3,042	1,521
8	67,710	125,264	10,439	5,220	4,818	2,409	88,023	7,336	3,668	3,386	1,693
For each add'l family member, add	6,880	12,728	1,061	531	490	245	8,944	746	373	344	172
Hawaii											
1	17,990	33,282	2,774	1,387	1,281	641	23,387	1,949	975	900	450
2	24,320	44,992	3,750	1,875	1,731	866	31,616	2,635	1,318	1,216	608
3	30,650	56,703	4,726	2,363	2,181	1,091	39,845	3,321	1,661	1,533	767
4	36,980	68,413	5,702	2,851	2,632	1,316	48,074	4,007	2,004	1,849	925
5	43,310	80,124	6,677	3,339	3,082	1,541	56,303	4,692	2,346	2,166	1,083
6	49,640	91,834	7,653	3,827	3,533	1,767	64,532	5,378	2,689	2,482	1,241
7	55,970	103,545	8,629	4,315	3,983	1,992	72,761	6,064	3,032	2,799	1,400
8	62,300	115,255	9,605	4,803	4,433	2,217	80,990	6,750	3,375	3,115	1,558
For each add'l family member, add	6,330	11,711	976	488	451	226	8,229	686	343	317	159



Cypress Cove
FAMILY AQUATIC PARK
A splash above the rest!