Cypress Cove
FAMILY AQUATIC PARK
A splash above the rest!
Woodridge Park District

WOODRIDGE PARK DISTRICT

SWIM LESSON SCHOLARSHIP PROGRAM







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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.

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.

INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2021 to June 30, 2022

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
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

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:	GENDER (M/F/OTHER):
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

Woodridge
PARK DISTRICT



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