

33325 N. Sears Blvd. Wildwood, IL 60030 Phone: 847.223.7275 Fax: 847.223.2820

www.wildwoodparkdistrict.com

Financial Assistance/Scholarship Application Form 2024/2025 Fiscal Year

Those who are seeking financial assistance must complete the Financial Assistance/Scholarship Application Form with the required documents. Completed applications should be turned in at Wildwood Park District Rule House, 33325 N. Sears Boulevard Wildwood, IL 60030 and directed to the Park District Manager.

Phone Number		Emo	iil		
 Please list each hou including all legal depe 	usehold member, o Indents:	and any monthly	income for that p	erson, whether emp	loyed or not,
Name	Age	Relationship to applicant	Gross Monthly Income from Employment	Monthly Income from Welfare, Child Support, Alimony (Before Deductions)	Monthly Income from Pensions, Retirement, Socia Security, etc.
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	ason(s) you need fina	ncial assistance to p nancial assistance.	articipate in Wildwoo	od Park District recreatio	n activities. This
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3.	Plea	list the current employment information of all working individuals in your household:						
	Your	Employer						
	Your	Your Position						
	Address/City/Zip							
	Telep	bhone N	umber of hours you work					
	Spou	pouse/Partner's Employer pouse/Partner's Position						
	Addr	ress/City/Zip						
	Telep	phone N	Number of hours spouse/partner works					
	Requ	uired documents to submit with application. Application	will be denied without proper documentation.					
		If registering for a program, a Program Registration Form is required. (Your registration will not be processed until the scholarship is approved and/or your deposit is paid.)						
	B.	Proof of residency (copy of driver's license, state ID or	current utility bill with name and address).					
		Copy of most recent federal Income tax return. If you a Account Transcript Form from https://www.irs.gov/indi	did not file taxes for 2022 or 2023, please submit an IRS viduals/get-transcript					
	D.	Copy of two most recent pay stubs for all household me	embers.					
	rece	siving and attach only those documents. Public Aid/Cash (Copy of document including amount	ancial assistance. Please check assistance you are currently t received) Case #					
		SNAP/food stamps (copy of approval document)	Case #					
		☐ Medical assistance HFS, WIC, etc. (copy of medical eligibility given as proof at a doctor's office)						
		□ School Lunch Program (copy of school approval letter) – This letter will expedite application review process.						
		☐ HUD/Subsidized Housing (copy of lease or lease amendment)						
		☐ Unemployment benefits (copy of UI benefit approval document)						
	☐ Child support, alimony (copy of court documents listing the amount to be received)							
		Other benefits or sources of income:						
		Excessive medical bills. Please explain:						
i S	ldwoc trict o	that the above information is true, correct and all incoded Park District as application for financial assistance, officials may verify the information on the application and forfeiture of future assistance privileges and possible professions.	/scholarship only and will remain confidential. Park and deliberate misrepresentation of the information will					
	Si	ignature of applicant	 Date					