# Springfield Park District Financial Assistance Program Explanation of Benefits

February 2018

Dear Financial Assistance Applicant:

The Park District is committed to providing recreational opportunities for all members of our community regardless of their financial situation. Eligibility for assistance is based on family size and income level. After reviewing your application based upon the above two factors, the following policies will be implemented:

- 1. You will be contacted by phone and/or in writing to inform you if you qualify for a financial assistance within 10 days of receiving the initial application form.
- 2. Families who qualify for assistance will receive 100% discount on program registration fees. Exception: Summer Camp Programs; only 2 weeks will be granted under financial assistance, not the entire Summer Camp Program.
- 3. Financial assistance is limited to one program per family member per season.
- 4. Please fill out a corresponding program registration form for consideration. Please be sure to make your request during open registration, prior to the start of class. Late registrations will not be accepted.
- 5. Limited funds are available for financial Assistance. All program awards are based on the need and availability of funds at the time of applying.

Please make sure you have turned in all required documentation. **Please bring copies and not the originals, staff will not be able to make copies.** Allow 10 business days for processing. The Park District encourages you to return the information at your earliest convenience. If you have any questions, please contact Lynn Saputo at 217-544-1751.

Sincerely,

Lynn Saputo
Director of Recreation
& Marketing
Springfield Park District

**GENERAL OFFICE** 

Bunn Park 2500 South Eleventh Street Springfield, IL 62703 www.springfieldparks.org phone: (217) 544-1751

ADMINISTRATION

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# Springfield Park District Financial Assistance Application Guidelines

#### **Policies:**

- 1. Applications need to be completed for each season/program. Information on this form will be kept on file and any changes to financial status must be reported promptly by the applicant to the Park District.
- 2. All recipients must reside within Park District Boundaries. Employees of the Springfield Park District are not eligible.
- 3. All information submitted is confidential and is not a matter of public record.
- 4. All information on the application must be true and accurate.
- 5. Upon submission of a scholarship request, families will be notified in 10 business days or less of their scholarship status.
- 6. A complete program registration form should be submitted with the initial request and then solely for future seasonal requests.

### **Application Procedures:**

- 1. Complete, in full, the Financial Assistance Application Form. Families applying must submit a copy of their latest federal income tax return, W-2s from each adult wage earner and a copy of the most recent pay stub or unemployment stub from each wage earner. SUBMITTAL OF FINANCIAL FORMS IS THE RESPONSIBILITY OF THE APPLICANT. ALL FORMS MUST BE PRESENT OR EXPLANATION OF MISSING PROOF OF INCOME, OR APPLICATION WILL BE REJECTED. THE PARK DISTRICT WILL NOT CALL TO VERIFY MISSING PROOF OF INCOME.
- 3. Return completed application and registration form to:

Springfield Park District

Attn: Financial Assistance

2500 S. Eleventh Street

Springfield, Il 62703

- 4. Each application will be reviewed and the information verified for the family's eligibility. Based upon family size and income level, families may be denied or approved.
- 4. If approved, you will be eligible for assistance for that season.

#### **Program Eligibility**

Family Size	Maximum yearly Income		
1	\$12,140		
2	\$16,460		
3	\$20,780		
4	\$25,100		
5	\$29,420		
6	\$33,740		
7	\$38,060		
8	\$42,380		
Each additional child	Add \$ 4,320		

#### How to register for a program:

- All registration procedures and policies apply to financial Assistance recipients.
  - Initially:
    - o Complete the financial assistance forms along with the registration information.
    - O Do not include a payment with your initial request. You will be contacted with the results of your request.
    - O Upon acceptance into the financial assistance program you will be automatically registered for the program requested, depending on availability.
    - O Please be aware that most programs have a maximum participation rate. Late registrations will not be accepted.
    - O Your initial request can take up to 10 business days to process.
  - For future registration:
    - o Fill out financial assistance cover page only.
    - o Fill out the registration forms.
    - o Additional requests will take up to 24 hours to process.

## What programs are financial assistance recipients eligible for:

Financial assistance allows each family member to register for one of the following programs per season:

- Recreation Classes/Programs
- Camps (only two weeks of camps are eligible on multi-week camp programs)

### Financial assistance cannot be used for:

- Admission Fees: zoo, aquatics, golf, etc...
- Memberships: golf, aquatics, zoo, botanical, etc...
- Food & Beverages
- Merchandise
- Adult Leagues
- Contractual Programs

# Springfield Park District Financial assistance Application Form

Program Applying i	.Or					
	NEW APPL	ICANT			EQUENT CATION	
Family Last Name						
Father/Guardian's	First Name					
Mother/Guardian's	First Name					
Marital Status (circle	e one)	Single	Married	Separated	Divorced	Widowed
Name of person to	contact?					
Daytime P	hone					
Nighttime	Phone					
First and Last Name	e(s) of Children: <b>I</b>	Please lis	t all childr	en:		
1				Birthday	A	ge:
2				Birthday	A	ge:
3				Birthday	A	ge:
4				Birthday	A	ge:
5				Birthday	A	ge:
6				Birthday	A	ge:
Current Street Adda	cess					
Current City						
Has your address ch	nanged since last r	egistratio	n?	Yes	No	
If Yes plea	se list past address	s: Street: _				
Past City:						

In order to be considered for review of financial assistance it is required that you submit 3 of the most recent pay stubs or unemployment stubs from <u>each</u> wage earner in your household. Each pay stub <u>must</u> show the year-to-date income or it will be returned and your application will not be reviewed at that time.

Please complete the following:		
First and Last Name:		
Employer's Name:		
Employer's Address		
Employer's Phone #		
Gross Yearly Income for year	\$	
First and Last Name:		
Employer's Name:		
Employer's Address		
Employer's Phone #		
Gross Yearly Income for year	\$	
First and Last Name:		
Employer's Name:		
Employer's Address		
Employer's Phone #		
Gross Yearly Income for year	\$	
First and Last Name:		
Employer's Name:		
Employer's Address		
Employer's Phone #		
Gross Yearly Income for year	\$	
Name of Program or Service Ar	onlying for	

•	Do you receive Public Assistance:		\$		_/Month
•	Do you receive Alimony:		\$		_/Month
•	Do you receive Child Support:	\$		/Mont	h
•	Do you receive Unemployment Compensation:		\$		_/Month
•	Do your receive Social Security Benefits:		\$		_/Month
•	Do you receive Death Benefits:	\$		/Mont	h
	I fully understand that the financial circums	tances	s outline	ed above wil	ll be kept confidential by
	the Springfield Park District. Furthermore,				•
	obligation to notify the Park District of any changes in my financial status. The above				tatus. The above
	information is true and correct to the best of my knowledge. Any incorrect information will				orrect information will
	automatically disqualify me from this program and will require me to reimburse the district for				reimburse the district for
	any past payments. Each wage earner must	sign l	oelow.		
	Applicant's Signature				Date
	Applicant's Signature				Date
	Applicant a signature				Dutt

Please review the following and list all other sources or income your household may receive.

# Release of Information

I have voluntarily applied for financial assistance through the Springfield Park District. If
approved into the program I will receive financial assistance to offset fees associated with
registering for Park District programs. Approval will require the Park District to verify the
current size of my family as well as current and past financial status including but not limited
to annual and weekly income, alimony, child support, social security benefits, disability
benefits etc
I give the Springfield Park District the authority to verify any information they may require

with any local, state of federal agency or organization that I am curre	ently working with or have
worked with in the past.	
Applicant's Signature	Date

Applicant's Signature Date

# Springfield Park District Financial assistance Application Form Checklist

Before submitting your application to the Park District please read and check-off all items of the

Completed Application form (5 pages)

A copy of the most recent Federal Income Tax Return and W-2's from <a href="each">each</a> adult wage earner. If you have not yet filed, you are required to submit it as soon as you have a copy in hand.

A copy of the recent three (3) most recent pay stubs from <a href="each">each</a> wage earner, which <a href="must">must</a> show your year-to-date income (all members of the household who are 18 years or older).

Social Security Recipient Documentation

Public Aid Recipient Documentation

Proof of Alimony/Child Support Payments — If you are a single parent and claim you do not receive

child support, you must submit legal documentation stating that you do not receive it.

Photocopy of a driver's license for all heads of household listed on the application.

Unemployment Compensation Documentation

(revised 2.23.2018)

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