



SPRINGFIELD PARK DISTRICT
SCHOLARSHIP
APPLICATION



SCHOLARSHIP DETAILS

WHO CAN APPLY FOR A SPRINGFIELD PARK DISTRICT SCHOLARSHIP?

Anyone who resides within the Springfield Park District's boundaries and for reasons of financial hardship, cannot participate in any activity sponsored by the District, can apply for a partial waiver of activity fees. Children in foster care who attend a Springfield Public School are also eligible for the scholarship program, regardless of their current address.

WHAT DO GENERAL SCHOLARSHIP RECIPIENTS RECEIVE?

General Scholarships are limited to no more than 50%-75% of the activity fee. The maximum amount of scholarship funds granted to one individual is limited per fiscal year (May 1 – April 30). Scholarships do not roll over from year to year but applicants can reapply at the beginning of each fiscal year (May 1). These scholarships are non-transferable; family members may not transfer scholarship funds to another family member.

APPROVED SCHOLARSHIP APPLICATIONS DO NOT GUARANTEE REGISTRATION.

Once you have received approval for your scholarship, you will be able to register for eligible programs at the reduced rate. However, a confirmed registration in a program is what ensures your spot in a program. Not all Springfield Park District programs are eligible for scholarships. Memberships or daily admission are not eligible.



SCHOLARSHIP APPLICATION

Last name, first name:

Phone number:

Application date:

Address:

Email:

Provide proof of residency showing that you reside within the Springfield Park District's boundaries. Please provide one of the following:

- Recent utility bill
- Military benefits card
- Voter's registration card
- Valid Illinois driver's license/ID card
- Mortgage or residential lease agreement
- Property tax record
- Foster care eligibility
- Employee payroll record

Provide proof of current financial need. Please provide one of the following:

- Federal or IL State food stamp card
- Utility assistance
- WIC card
- IL medical card
- IL Public Aid
- Proof of Medicaid
- Free/reduced lunch program participant

Please list all of the members of your family requesting assistance:

Family member name(s)

Date of birth

Please list the name of the activity you wish to participate in:

Activity Name

Activity number

Signature:

I authorize investigation of all statements contained in this application as may be necessary to determine eligibility.

Signature

Date

Return completed application & registration form to:

Attn: Financial Assistance
Springfield Park District, 2500 S 11th St, Springfield, IL 62703

Springfield Park District use only:

Received by: _____

Proof of residency: _____

Proof of ID: _____

Approval date: _____

Signature:

Signature

Date

