



Applicant's Last Name	Applicant's First Name	Birth date
Street Address	City	Zip
Email	Phone Number	
MARITAL STATUS (Select One)	<input type="radio"/> Single	<input type="radio"/> Married
	<input type="radio"/> Divorced	<input type="radio"/> Separated
	<input type="radio"/> Widowed	
HOUSING (Select One)	<input type="radio"/> Homeowner	<input type="radio"/> Rent
	<input type="radio"/> Living with Family/Friend	<input type="radio"/> Other _____

PLEASE LIST NAMES AND AGES OF ALL INDIVIDUALS IN HOUSEHOLD, INCLUDING SPOUSE/PARTNER

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT

Which program(s) do you intend to register for: _____

SCHOLARSHIP GUIDELINES

1. Must be verified as an in-district resident of the Homewood-Flossmoor Park District.
2. All information is confidential and not a matter of public report.
3. Applications and all required paperwork must be turned in at least four weeks before the program date. Please allow five business days for your application to be processed.
4. There will be no full reductions given. Only partial assistance will be given, which allows for more people to participate. Additional program supply costs are the responsibility of the participant.
5. Applicants must be able to provide proof of residency, income, and proof of dependents as defined on the application.
6. Applicants must supply documentation of participating in one of the following programs at the time of application:
 - SNAP approval letter
 - Free School Lunch program (if registering a dependent)
 - Documentation of household gross income within the limits on the Federal Income Eligibility Guidelines
7. Proof of dependents must be submitted through submission of at least one of the following:
 - Applicant's 1040 tax form for prior year
 - SNAP approval letter with dependents listed
 - AllKids healthcare programs card listing dependents
8. Being granted a scholarship does not guarantee your placement in a program. Every participant will have to follow registration guidelines. Residents granted a scholarship will need to enroll in the program and pay their portion of the fees to be considered enrolled.
9. Contractual programs are not eligible for scholarship assistance.
10. All information provided by the applicant must be true and accurate. The submittal of false information will nullify any request for waiver of program fees. Financial assistance funds are legally recoverable if paid and awarded on the basis of false information supplied by the applicant.
11. If you have extenuating or special circumstances, please refer to Option D on page three.

FINANCIAL ASSISTANCE SCHOLARSHIP INCOME GUIDELINES

RETURN COMPLETED AND SIGNED FORM WITH APPLICATION

Note: Applicant's income will be verified with tax return, paycheck stub or other appropriate document.

Note to Parent/Guardian: Please circle the size of your household and your total household income below and sign to verify your income. Household income must be equal to or less than the amounts listed for each pay period for your child to be eligible for the scholarship. You will need to present documentation verifying your income.

Table based on most recent IDHS SNAP Income Eligibility Guidelines from 10/1/2025.

Circle HH Size and Income	Level 1		Level 2		Level 3	
	Scholarship 75% / Participant 25%		Scholarship 50% / Participant 50%		Scholarship 25% / Participant 75%	
HH Size	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly
1	\$25,824	\$2,152	\$28,956	\$2,413	\$35,220	\$2,935
2	\$34,908	\$2,909	\$39,132	\$3,261	\$47,592	\$3,966
3	\$43,980	\$3,665	\$49,308	\$4,109	\$59,964	\$4,997
4	\$53,052	\$4,421	\$69,660	\$5,805	\$72,348	\$6,029
5	\$62,124	\$5,177	\$79,836	\$6,653	\$84,720	\$7,060
6	\$71,208	\$5,934	\$90,012	\$7,501	\$97,092	\$8,091
7	\$80,280	\$6,690	\$100,188	\$8,349	\$109,464	\$9,122
8	\$89,352	\$7,446	\$110,364	\$9,197	\$121,848	\$10,154
Each add'l family member add		\$757				

The following is the definition of income: Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

SCHOLARSHIP DISTRIBUTION CHART

Income Level	% Scholarship / % Fees Required	Max per Individual per year	Max per Household per year
Level One	75% / 25%	\$200	\$600
Level Two	50% / 50%	\$150	\$450
Level Three	25% / 75%	\$100	\$300

PLEASE PROVIDE THE FOLLOWING INFORMATION

Does any participant applying for a scholarship need special accommodations? no yes

Have you previously received a scholarship from the Homewood-Flossmoor Park District? no yes

