



# MORTON GROVE PARK DISTRICT FINANCIAL ASSISTANCE PROGRAM

\*Only Morton Grove Park District residents are eligible.

**APPLICANTS – PLEASE KEEP TOP PAGE FOR YOUR REFERENCE**

## **Purpose of Program**

It is the intent of the Morton Grove Park District to provide the opportunity for its residents to participate in childcare programs. The park district attempts to provide opportunities to its residents facing financial hardship through reasonably priced programs, free programs and through the financial assistance program.

## **Requirements for Financial Assistance**

Only residents of Morton Grove Park District will be considered for financial assistance. Proof of residency and financial need must be provided to qualify for assistance. Items that will be considered when evaluating include COPIES of current W2 form and past year's taxes plus proof of participation of one or more of the following programs: public aid, food stamp program, school free lunch program, subsidized housing program, excessive medical bills and/or family income. **The preferred method of approval is to provide a copy of your last tax filling.**

## **Types of Financial Assistance Available**

1. **Partial Payment** – The cost of the program will be reduced. The amount of reduction will be determined on an individual basis. The balance of the program can be paid in full or be structured in a payment plan through the ActiveNet system.
2. **Payment Plan** – The cost of the program will be spread over a period of time to allow the family to afford the program. An initial fee of \$25.00 per program will be required at the time the payment plan is setup.

## **Application Procedure**

Persons requesting assistance must complete the park district application form and submit supporting documentation three weeks or more prior the start of the requested program. Application and support documentation can be sent to the Morton Grove Park District at Prairie View Community Center, 6834 Dempster Street, Morton Grove. Applications will be individually reviewed and applicants will be notified of decision as soon as possible.

## **Application Guidelines**

### **Financial assistance participants must reside within the boundaries of the Morton Grove Park District.**

1. All information on the application must be true and accurate and will be kept confidential.
2. Financial Assistance funds are legally recoverable if awarded on the basis of false information supplied by the applicant and will nullify the request for assistance.
3. Request need to be received 3 weeks prior the start of the requested program support.
4. Requests must be submitted on standard forms provided by the Park District and must be complete in full, with appropriate documentation provided, and signed by the requesting party.
5. If requests are submitted incomplete, they will be returned to the requesting party for completion before being considered.
6. The Superintendent of Recreation will review all requests for assistance and approved by the Executive Director.
7. Submission of written documentation from schools or social services agencies is required and will expedite applications.
8. All assistance will be awarded based on the family need and the ability of the park district to absorb the cost. Morton Grove Park District reserves the right to approve partial funding or deny applicant's request.
9. An application must be completed EVERY TIME a request for financial assistance is made to provide current information. Granting of assistance does not ensure continued approval of succeeding sessions.

### **10. Only the following programs are available for Financial Assistance**

- **Summer Day, Rise-N-Shine and Extended Camps**
- **BASE and B4**
- **Preschool**
- **Kinder Odyssey**
- **GAP**

11. **There will be a maximum amount of assistance allowed per family. Each family will be allowed a total of \$1000 a year assistance.** *Morton Grove Park District works on a fiscal year May 1 – April 30. This does not guarantee that a family will receive \$1000 in assistance, only that a maximum exists.*
12. Recipients must pay their portion through the ActiveNetwork System. Arrangements for this program are made through the MGPD Customer Service Supervisor. Any delinquencies will impact future requests and may result in removal from the program.
13. All resident registration procedures and policies apply to financial assistance applicant.

**MORTON GROVE PARK DISTRICT**  
**FINANCIAL ASSISTANCE APPLICATION**

This form must be completed and attached to the program registration form and submitted to the Morton Grove Park District, 6834 Dempster Street, Morton Grove, Illinois 60053. Following verification of information supplied in this form, applicant will be notified as the disposition of request.

**ONLY MORTON GROVE PARK DISTRICT RESIDENTS ARE ELIGIBLE**

Date of Application: \_\_\_\_\_

Person Completing Application: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Separated

Do you own your own home? Yes No Do you rent? Yes No

Monthly Rent/Mortgage Payment: \$ \_\_\_\_\_

Are you employed? Yes No If yes, where: \_\_\_\_\_

Please list all persons that you support:

First and Last Name	Gender M/F	Birthdate including Year	Relationship

I hereby request assistance for:

Participant's Name	Gender M/F	Program #	Program Title	Fee	Fee You Can Pay

**Please check items to indicate financial need and attach documentation (check all that apply):**

Family Income (including child support) Monthly Salary/Child Support: \$ \_\_\_\_\_

Public Aid Aid Number: \_\_\_\_\_

Food Stamps Case Number: \_\_\_\_\_

School Lunch Program School Attending: \_\_\_\_\_

Subsidized Housing

Excessive Medical Bills Explain: \_\_\_\_\_

Other Financial Difficulties Explain: \_\_\_\_\_

**Type of Assistance Needed:**

Partial Award Dollar amount of assistance requested \$ \_\_\_\_\_

Payment Plan

**References:** At least two references (i.e. schools, social service agencies, employers) must be provided and permission given below for them to supply the Morton Grove Park District with information regarding applicant's financial need.

Name	Address	Phone	Relationship
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Please attach **COPIES** of documentation that apply (most recent paycheck stub, past year W2, past year tax documents, public aid, etc). These copies will be kept by the Morton Grove Park District and will not be returned to applicant.

*I understand that all information given to the Morton Grove Park District is not a matter of public record and will be kept confidential. I understand that the information I provide will be evaluated to determine whether I qualify for financial assistance.*

*I have answered all the questions honestly and to the best of my knowledge. All information is true, correct and complete.*

Signature of Applicant

Date

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**(For Office Use Only)**

Date Application Received: \_\_\_\_\_

Verification of References and Documentation Results:

- 
- |                          |                     |   |
|--------------------------|---------------------|---|
| <input type="checkbox"/> | Assistance Denied   | Reasons: _____                                  |
| <input type="checkbox"/> | Assistance Approved | Partial Award                      Payment Plan |

Details of Assistance: \_\_\_\_\_

Applicant Notified \_\_\_\_\_

Date Notified \_\_\_\_\_

Signature of Superintendent of Recreation \_\_\_\_\_

Date \_\_\_\_\_