



MORTON GROVE PARK DISTRICT FINANCIAL ASSISTANCE PROGRAM

*Only Morton Grove residents are eligible.

APPLICANTS- PLEASE KEEP TOP PAGE FOR YOUR REFERENCE

Requirements for Financial Assistance

Only residents of Morton Grove 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. Proof of participation of one or more of the following programs: public aid, food stamp program, school free lunch program, subsidized housing program, and/or family income will also be considered.

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.
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 of registration.

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 Morton Grove

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. Requests must be received 3 weeks prior to the start of the requested program.
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.
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 Camp, Rise-N-Shine and Extended Camps
 - BASE and B4 School Care
 - 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 calendar year. *This does not guarantee that a family will receive \$1000 in assistance, only that a maximum exists.***
12. Recipients must pay their portion of the fee for the program. Arrangements for a payment plan are made through the MGPD Guest Services 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.
14. If at any time the financial assistance is revoked, the applicant agrees to pay the cost of the program in full.

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 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 all items that apply:

☐ Family Income (including child support)

☐ Other Financial Difficulties

☐ Public Aid

☐ Food Stamps

☐ School Lunch Program

☐ Subsidized Housing

Monthly salary/child support \$ _____

Explain: _____

Dollar amount of assistance requested \$ _____

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
------	---------	-------	--------------

Please attach any **COPIES** of documentation that apply (most recent paycheck stub, past year W2, past year tax documents). 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 _____

(For Office Use Only)

Date Application Received: _____

Verification of References and Documentation Results: _____

☐ Assistance Denied Reasons: _____

☐ Assistance Approved Partial Award Payment Plan

Details of Assistance: _____

Applicant Notified _____ Date Notified _____

Signature of Superintendent of Finance _____ Date _____