

SUMMER CAMP FINANCIAL ASSISTANCE

THE REILLY-BIALCZAK SCHOLARSHIP FUND FOR MAINE TOWNSHIP RESIDENTS 2016-2017

**CAROL A. TESCHKY
SUPERVISOR**

**1700 BALLARD ROAD
PARK RIDGE, IL 60068-1006
847-297-2510**

To Apply:

1. Select desired camp and sessions that children will attend.
2. File an application for financial assistance with the Park District.
3. Call 847-297-2510 ext. 251 to schedule an appointment for an interview.
During interview, Reilly-Bialczak Scholarship application and required documents will be submitted.

Once your application is approved, payment will be sent directly to the Park District after registration is confirmed. If you do not register your child for the original requested sessions, the amount awarded will be adjusted accordingly.

Applications accepted starting March 1, 2016.

Funds are limited. Apply early!

SUMMER CAMP FINANCIAL ASSISTANCE

THE REILLY-BIALCZAK SCHOLARSHIP FUND FOR MAINE TOWNSHIP RESIDENTS 2016-2017

Please bring the following documentation to your appointment:

- 1. Copy of Park District application submitted for registered camp program. This document must contain the following:**
 - **Camp name and sessions child(ren) will attend**
 - **Camp price.**
- 2. Completed application for assistance from Park District/Organization or award letter.**
- 3. Completed and signed Maine Township application.**
- 4. Last year's signed income tax returns and all employment W-2 forms for each adult in the household.**
- 5. Original documentation of method of support for all adults in the household, to include:**
 - **Two months of consecutive pay stubs per employer, for all adults in the household**
 - **Public Aid card**
 - **Current Social Security award letter(s) for each eligible family member for this calendar year**
 - **Child support documentation**
 - **General assistance verification letter**
 - **Unemployment benefits documentation from last 30 days.**
- 6. Birth Certificate, Adoption, or Guardianship Papers for each child living in the household.**
- 7. Entire Divorce Decree Document or Proof of Legal Separation Document.**
- 8. Proof of residency: utility bill (electric, gas, telephone) and lease/mortgage statement/property tax bill.**

❖ *We reserve the right to request additional documentation if deemed necessary.*

Circle One:

Is Your Spouse Employed? Yes No

If yes, where: _____

Address of Employer: _____

Telephone of Employer _____

Monthly Gross Income: _____

Annual Gross Income: _____

Circle one:

Are you currently receiving Public Aid? Yes No

SNAP \$ _____

Medical Card _____

Are you currently receiving Social Security Benefits? Yes No

If yes, what is your monthly benefit amount?: \$ _____

Please List Below:

Total Number Living in Household (including self): _____

First and Last Name	M/F	Birth date Including year	Relationship

I hereby request assistance for:

<i>Participant's Name</i>	<i>Park District and Camp Name</i>	<i>Sessions Attending</i>	<i>Cost of Camp</i>	<i>Park District Assistance</i>	<i>Amount Remaining</i>

Amount awarded is based on the session(s) that children are registered for. If you make changes to the above camp/sessions, please call 847-297-2510 ext. 251.

Applicants living in an area that is serviced by a park district may be eligible for up to 50% of the program cost, after park district/organization scholarships.

Applicants living in an area that is not serviced by a park district may be eligible for up to 80% of the total program cost, as they are not eligible for park district scholarships.

Total payment per child cannot exceed \$275.00 per scholarship year and family maximum is \$850.00 per scholarship year. I (We) declare under penalties of perjury that to the best of my(our) knowledge and belief the information supplied in this application and all accompanying statements or documents are true and correct, and that this is a complete statement of all income, assets and resources belonging to me or any member of my(our) immediate family. I (We) understand that Maine Township Scholarship Committee has permission to contact those agencies necessary to confirm the above information.

PLEASE BE ADVISED THAT THIS APPLICATION IS SUBJECT TO AUDIT BY THE TOWNSHIP BOARD.

 Mother's / Legal Guardian's Signature

Date ____/____/____

 Father's / Legal Guardian's Signature

Date ____/____/____