O'Fallon ILLINOIS PARKS AND RECREATION DEPARTMENT

Youth Scholarship Application Form

Families with certain economic restrictions are eligible to receive financial assistance through the City of O'Fallon Shiloh Parks & Recreation Youth Scholarship Fund. The intent of the scholarship fund is to offer assistance to youth individuals wanting to participate in recreational opportunities, who may not otherwise have the means available to participate. Scholarship assistance is limited to existing funds on a first come, first served basis, and is available only to youth that are residents of the City of O'Fallon and Village of Shiloh.

The Youth Scholarship Fund can be used to subsidize the resident fee of any recreation program for a participant 17 years of age or younger up to a max limit of $150 per year, per individual. Forms are available from the Park Office Monday – Friday.

Please complete

1. Name of Child:	2. Age: E-Mail:
3. Parent/Guardian Name:	4. Phone Number:
5. Mailing Address:	6. Beginning Date of Program:
7. Activity for which Scholarship Requested:	8. Funding Request: $

Scholarship approval is required "prior" to registration. The Youth Scholarship Program does not cover late registration fees or equipment/material expenses.

This does not register you for the program. You must register separately. Scholarship forms will only be accepted for activities holding registration at time of application.

If for any reason you child does not use the scholarship for the requested activity, please notify OPRD.

YEARLY HOUSEHOLD INCOME: (NOTE: PLEASE COMPLETE ITEMS IN-FULL, OTHERWISE THE APPLICATION WILL NOT BE PREOCESSED.

9. Number of Wage earners in the house:	10. Number in household (including self)

11. Report **ALL** household income, as indicated below. Please make sure that all categories are marked, if they do not apply, enter -0-,

		Office Use Only			Office Use Only
A. Gross Wages	$		G. Child Support/Alimony	$	
B. Worker's Comp	$		H. Disability	$	
C. Unemployment	$		I. Public Assistance	$	
D. Veteran's pmts	$		J. Social Security	$	
E. Trust/Royalty Pyt	$		K. .Rentals/Tips/Other	$	
F. Pension	$		**Total Income:**	**$**	

☐ Photo ID (copy)
☐ Residency Proof (copy)
☐ Tax Return (copy)
☐ Two Current Pay Checks (copy)

Other _____
Other_____

12. Parent/Guardian Signature_____ Date: _____

Office Use Only	
Date Agency Received:	Percent Eligible:
Approval By: Date:	Notify By/Date: