



Grayslake Park District

240 Commerce Drive

Grayslake, IL 60030

P: (847) 223-7529 | F: (847) 223-6386

Grant-In-Aid Program Form

The purpose and intent of a grant program is to aid the families who do not participate in park activities, due to lack of funds available because of lower income, illness in the family, unexpected and temporary debt situations, etc... Benefits of structured recreation and participation in programs are obvious and financial difficulties in a family often prohibit children from these benefits.

Funding of the program shall be obtained as follows:

1. Registration form option of contributing \$1.00 toward the grant program.
2. Publicity and public awareness.
3. Direct solicitation to various groups, area businesses and local merchants.

Grants will be based on a percentage of funding by the Park District and participants, or 100% of the grant to the participant, in extreme cases. Individuals applying for a grant will submit their application to the Park District.

The following will serve as guidelines:

1. All participants must reside within the boundaries of the Grayslake Community Park District.
2. An application must be completed once per year. All applications expire at the end of a calendar year.
3. Applications may be submitted at any time during the year, but must be renewed by the start of a new calendar year.
4. Applicants whose income changes during the year must notify the Park District. This is based on an honor system.
5. Applicants will be notified as to acceptance within 20 working days of submitting the application.
6. All programs, including Summer Camps and field trips are included, should funding be available at the time of registration.
7. There will be a maximum grant level per participant and per family. Each participant will be allowed one non-contractual program per season. The Park District Program Guides define each season.
8. Any resident 19 years or older and living at home will be considered for a grant based on their income.
9. Payment must be paid in full seven days prior to the start of the program.

Financial Guidelines:

Number of Family Members

Monthly Income

1.....	less than \$1,755
2.....	less than \$2,371
3.....	less than \$2,987
4.....	less than \$3,603
5.....	less than \$4,219
6.....	less than \$4,835

Today's Date: _____ Which calendar year is this application for? _____

Have you participated in programs before? ☐ Yes ☐ No

If so, which program and what year? _____

I. General Information

Parent #1 First Name: _____ Parent #1 Last Name: _____

Parent #2 First Name: _____ Parent #2 Last Name: _____

Child's Last Name (if different from parents/guardian): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency/Alternate Contact: _____ Emergency Phone: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Total Number of residents in household? _____

First Name: _____ Age: _____ First Name: _____ Age: _____

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First Name: _____ Age: _____ First Name: _____ Age: _____

Do you rent or own your home? ☐ Own ☐ Rent Monthly Payment: \$ _____

Please list the vehicles you own below:

Type of Vehicle: _____ Year: _____ ☐ Own or Monthly Payment: \$ _____

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Type of Vehicle: _____ Year: _____ ☐ Own or Monthly Payment: \$ _____

II. Financial Resources & Employment

Do you receive Public Assistance? (If yes, please check all that apply) ☐ Yes ☐ No

Agency:

Public School

Avon Township

Fremont Township

Warren Township

Subsidized Housing

SNAP

Contact Person:

Employment:

Families must submit a copy of the most current federal income tax return or W-2; or submit two recent pay stubs from each wage earner listed below.

Please complete the following:

Parent #1: Employer: _____
Employer Address: _____
Employer Phone: _____

Gross Monthly Income: \$ _____ Year: _____

Parent #2: Employer: _____
Employer Address: _____
Employer Phone: _____

Gross Monthly Income: \$ _____ Year: _____

Other: Employer: _____
Employer Address: _____
Employer Phone: _____

Gross Yearly Income: \$ _____ Year: _____

a. **TOTAL EMPLOYMENT INCOME:** \$ _____ Year: _____

Other Cash Resources (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Alimony | \$ _____
Amount per month x 12 = Yearly Total |
| <input type="checkbox"/> Child Support | \$ _____
Amount per month x 12 = Yearly Total |
| <input type="checkbox"/> Unemployment Compensation | \$ _____
Amount per month x 12 = Yearly Total |
| <input type="checkbox"/> Current Savings (parents & child) | \$ _____ |
| <input type="checkbox"/> Assets (properties, etc...) | \$ _____ |
| <input type="checkbox"/> Death Benefits (SSI) | \$ _____ |
| <input type="checkbox"/> Other | \$ _____ |

b. **TOTAL OTHER CASH RESOURCES:** \$ _____

GRAND TOTAL FINANCIAL RESOURCES (add lines a. & b.): \$ _____

III. Extenuating Expenses

The following information will assist us to better understand any extenuating financial circumstances you incur.

1. Medical Expenses not covered by insurance: \$ _____ (not including deductibles)

Please specify medical condition resulting in expense: _____

2. Child Care (per month): \$ _____ x 12 = \$ _____

Name of provider: _____ Phone: _____

3. Credit Card Debt (only if over \$5,000): \$ _____

4. Other: _____ \$ _____
_____ \$ _____
_____ \$ _____

Please explain the extenuating circumstances that necessitate applying for financial assistance:

Applicant Signature: _____ Date: _____

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For Office Use Only

Grant Total Financial Resources: \$ _____ Family Size: _____

Less Extenuating Circumstances: \$ _____

Adjusted Income: \$ _____

Park District % Subsidy Granted: 100 75 50 25 Denied

Family % of Contribution: 0 25 50 75 100

Approved by Superintendent of Recreation: _____ Date: _____

Approved by Executive Director: _____ Date: _____

Comments/Restrictions: _____