



BUFFALO
GROVE
PARK
DISTRICT

Summer Camp & Camp Connection Fee Assistance Program Information & Application Form

Qualifications for Program: To qualify for the Summer Camp & Camp Connection Fee Assistance Program, proof of financial need must be demonstrated. The Buffalo Grove Park District has determined that eligibility will be determined by the applicant's household income in comparison to the Federal Poverty Guidelines. Eligible applicants must be listed as dependents on the tax return of the individual completing the form.

Application Procedure: Applicants requesting assistance must complete the attached application form, fill out a program registration form, and submit both along with the first two pages of their previous year's tax return, with Social Security numbers redacted. After the initial review, additional documentation may be requested. Additional documentation may include evidence of current participation in public aid, food stamps, school lunch or subsidized housing programs, excessive medical expenses, or other significant financial hardships.

Fee Assistance is granted prior to the registration of a Park District Program. Applicants should complete and submit the application form at least 10 days before the program registration date. The Superintendent of Recreation will review the application and make a determination. Requests for retroactive fee assistance will not be honored. Please allow 7-10 business days for the review process.

Application & Approval Guidelines:

1. Eligible applicants must attend or be enrolled at one of the following schools:
 - i. Community Consolidated School District 21: Kilmer, Longfellow
 - ii. Kildeer Countryside School District 96: Country Meadows, Ivy Hall, Kildeer, Prairie, Willow Grove
 - iii. Aptakisic-Tripp Community Consolidated School District 102: Meridian, Pritchett, Tripp
2. All information is confidential and is not a matter of public record.
3. All information on the application must be true and accurate. Fee Assistance is legally recoverable if paid and awarded on the basis of false information supplied by the applicant.
4. All fee assistance payments will be awarded based on need and availability. The Buffalo Grove Park District reserves the right to approve full or partial funding or to deny application requests.
5. Failure to pay remaining fees as scheduled could result in the immediate withdrawal from the desired program.
6. Program openings will not be held while fee assistance is being determined or processed.
7. Application forms and tax returns must be submitted each year. Granting fee assistance does not guarantee continued approval for the following year.
8. If approved for the Summer Camp & Camp Connection Fee Assistance Program, a maximum of 33% of the total program cost per dependent will be awarded.



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Name of Participant: _____ School: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Name: _____ Relationship: _____

Indicate preferred contact method below:

Home Phone: _____

Cell Phone: _____

Email: _____

Financial Aid Currently Received (check all that apply):

*Copies of documentation for the items checked may be requested

_____ Public Aid

_____ Food Stamps

_____ School Lunch Program

_____ Subsidized Housing

_____ Other*

*If other, please explain: _____

References (List School or Social Agencies to be contacted as reference checks):

1. Name: _____ Agency: _____

Contact Number: _____

2. Name: _____ Agency: _____

Contact Number: _____

I hereby certify that the above information is true and correct and understand that its accuracy will be verified.

Signature of Applicant

Date

****For Office Use Only****
Do not write in box below.

Date Application Received: _____

Approved for fee assistance?: Yes ____ No ____

If request denied, please indicate reason: _____

Camp/Camp Connection Fee – Session 1: \$ _____

Camp/Camp Connection Fee – Session 2: \$ _____

Recipient Fee – Session 1: \$ _____

Recipient Fee – Session 2: \$ _____

Notification Method: _____ Date: _____

To Whom: _____

Superintendent of Recreation

Date