



BUFFALO  
GROVE  
PARK  
DISTRICT

## General Program Fee Assistance Information & Application Form

**Qualifications for Program:** To qualify for General Program Fee Assistance, 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. The General Program Fee Assistance Program is available only to residents of the Buffalo Grove Park District.
2. All information is confidential and not a public record matter.
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. Fee assistance recipients are required to pay field trip admission/ticket cost for Preschool, Dance or any Park District program that requires a separate fee for trips.
6. Failure to pay remaining fees as scheduled could result in the immediate withdrawal from the desired program.
7. Program openings will not be held while fee assistance is being determined or processed.
8. Application forms and tax returns must be submitted each year. Granting fee assistance does not guarantee continued approval for the following year.
9. The Fee Assistance Program will be limited to the following:
  - i. Contractual Programs: Participants pay the direct costs charged to the Park District by the company running the program.
  - ii. Seasonal Programs: Maximum assistance of 75% of fee per registration season per applicant, not to exceed \$100 per registration season per applicant.
  - iii. School-year Programs: (i.e. Preschool and Dance): Maximum assistance of 33% of the total cost of each program per dependent.



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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 General Program Fee Assistance: Yes \_\_\_\_\_ No \_\_\_\_\_

If request denied, please indicate reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Fee: \$ \_\_\_\_\_

Recipient Fee: \$ \_\_\_\_\_

Notification Method: \_\_\_\_\_ Date: \_\_\_\_\_

To Whom: \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Recreation

\_\_\_\_\_  
Date