



Oswegoland Park Foundation Financial Assistance Application Cover Sheet

The Scholarship Program is designed to provide financial assistance to residents of the Oswegoland Park District in need, to enable them to participate in Oswegoland Park District programs.

Financial assistance is available through a generous donation from the Oswegoland Park Foundation. Through this partnership, the Park District attempts to provide assistance to residents who meet the eligibility requirement. The Park District reserves the right to approve assistance or deny an applicant's request.

Note: Applicants residing outside of the Oswegoland Park District boundaries, but within the Oswego 308 School boundaries, may apply for scholarships for Park District programs held exclusively at Oswego School District 308 facilities. (Kid's Connection and Summer Camp Connection)

Application Procedures

- Applications and forms must be filled out in their entirety and required documents included before the application will be processed.
- Applications should be submitted for consideration at least three (3) weeks prior to the program start date or registration deadline, whichever is earlier.
- Upon receipt of a complete application, applicants will typically be notified of their status in 10-15 working days.

Policies

- Scholarship applications must be completed every
 six months for general recreation programming
 summer and school year for Kid's Connection and Preschool programming
- Financial assistance may not be available for all general recreation programs. For example, but not limited to, trips and contractual programs.
- Financial assistance may be limited to one program per person, per season.
- The applicant's portion of payment is due before registration can be processed.
- All registration policies and procedures apply to scholarship applicants.
- All information submitted is confidential and is not a matter of public record of the Park District.

Required Documentation

Applications will not be considered without submitting the following documents. A letter of explanation should be included with your application if you are unable to provide any of the documents listed:

- ☐ Program registration form
- ☐ Scholarship application
- ☐ Documentation of any public assistance received
- ☐ Copy of driver's license or state ID card

Applicant's Name

Date



Oswegoland Park Foundation Financial Assistance Application

To be considered for financial assistance, this form must be filled out completely and submitted with the required documents.

Return completed application, required documents, and registration form.

Mail: Oswegoland Park District, 313 E. Washington St., Oswego, IL 60543

Attn: Cristin Hanlon, Accounting Assistant

Email: CHanlon@oswegolandpd.org

Your Name _____ Relationship to Program Participant _____

Name of Program Participant(s) _____

Street Address, City, Zip _____

Day Phone _____ Evening Phone _____

Please list each household member and any monthly income for that person:

Name	Age	Gross Monthly Income from Employment (before deductions)	Monthly Income from Welfare, Child Support, Alimony	Monthly Income from Pensions, Retirement, Social Security, etc.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Family Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated

Employment Information:

Your Employer _____

Your Position _____

Work Address _____

Telephone _____ Hours that you work _____

Spouse's Employer _____

Position _____

Work Address _____

Telephone _____ Hours that you work _____

Housing Status: ☐ Homeowner ☐ Rent ☐ Living with Friend/Family ☐ Other

Please list average monthly expenses for your household for the following items:

Expense	Amount	Expense	Amount
1. Mortgage/Rent	_____	5. Utilities	_____
2. Insurance	_____	6. Child Care	_____
3. Car Payment(s)	_____	7. Other	_____
4. Medical	_____	8. Other	_____

Please check assistance you are currently receiving (copies of documents must be included with application):

<input type="checkbox"/> Public Aid	List Type _____
<input type="checkbox"/> Food Stamps	Case Number _____
<input type="checkbox"/> School Lunch Program	School Name _____
<input type="checkbox"/> Subsidized Housing	
<input type="checkbox"/> Excessive Medical Bills	Reason _____
<input type="checkbox"/> Illinois All Kids Healthcare	

Please describe any additional information or reasons for financial hardship that may be helpful in determining assistance (include on a separate sheet if necessary): _____

Renewal ____Yes ____ No If Yes, please tell us how this assistance has positively impacted your family.

Signature:

I certify that the above information is true, correct, and all income and expenses are reported. This information is being given to Oswegoland Park District as application for scholarship only and will remain confidential. Park District officials may verify the information on the application, and deliberate misrepresentation of the information will result in forfeiture of future assistance privileges and possible program participation.

_____	_____
Applicant's signature	Date

Registration Form

Complete this form and include with your financial assistance application.



Last Name - please print

Address (No box numbers, please)

City **State** **Zip code**

Primary Phone #

E-mail Address (to receive program updates/reminders)

Secondary Phone #

Parent/Spouse to Contact

If your first choice is full, you will be placed in your second choice program. If both choices are full, you will be placed on a wait list for your first choice. If the fees are different, pay the amount of your first choice.

Program Number	Program Name	Fee	Second Choice Program #	Registrant's First Name	Registrant's Birthdate	Gender	Grade 2023-24	T-Shirt Size

 **Total Payment Due** _____

Acknowledgement of Waiver

By checking this box, I read and I understand the waiver and release on the following page.

Signature of parent/guardian of child(ren) enrolled in class(es)

Date

Signature of adult enrolled in class(es)

Date

Signature of adult enrolled in class(es)

Date

Do you have any special needs that we can accommodate to make participation more enjoyable?

I would like to see the following classes offered: (indicate age group)

If you or your child has a life-threatening allergy, we recommend you read our Allergy Policy in full and provide the Park District with all information, authorization, and waiver/release forms prior to registering. Please request a packet, with policy and forms included, by calling 630.554.1010.



Oswegoland Park District Waiver And Release of All Claims and Assumption of Risk

Please read this carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Oswegoland Park District, including its officials, agents, volunteers, and employees (hereinafter collectively referred to as Oswegoland Park District). I do hereby fully release and forever discharge the district from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

Warning of Risk:

Recreational programs and activities are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defect, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor, outdoor, and water related recreational programs exist. In this regard, it must be recognized that it is impossible for the Oswegoland Park District to guarantee absolute safety.

Photo/Video Authorization:

I hereby give my consent for the Park District to use photos/video coverage of myself and/or minor child/ward in future Park District program guides, flyers, videos, websites, etc. I understand that the Park District staff may take photos/video coverage of its programs and events, and their participants from time to time and that these photos/video coverage remain the property of the Park District. Following local distribution of these materials, requests