



## Oswegoland Park District Financial Assistance Application

The Oswegoland Park District Financial Assistance program provides assistance to residents in need, enabling them to participate in Oswegoland Park District programs.

This 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.

Applicants must reside within the Oswegoland Park District boundaries. Those residing outside of the Oswegoland Park District boundaries, but within the Oswego 308 School boundaries, may apply for assistance for Park District programs held exclusively at Oswego School District 308 facilities. This would include Kid's Connection and 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 as soon as registration for the desired program begins. The financial assistance review process may take three (3) weeks. We can not hold spots while considering an applicant.
- Upon receipt of a complete application, applicants will typically be notified of their status in 10-15 working days.

### Policies

- Financial Assistance applications must be completed every
  - six months for general recreation programming
  - with each registration for Kid's Connection, Preschool, and Summer Camp Connection registration
- 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.
- Assistance in our Kid's Connection, Junior Kid's Connection, Summer Camp Connection or Junior Summer Camp Connection is based on child care needs due to employment or education situations. These assistance awards require employment or education verification. Employment letters must contain full or part time status and average hours per week on company letterhead. For assistance due to education, please submit a current official school schedule.

### Required Documentation

Applications will not be considered without submitting the following documents.

- Financial Assistance application
- Program registration form
- Documentation of any public assistance received
- Copy of driver's license or state ID card
- Employment or Education Program Verification Letter (on company/organization letterhead)

---

Applicant's Name

---

Date



## Oswegoland Park District 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, 0 Boulder Hill Pass, Montgomery IL 60538  
Attn: Cristin Hanlon, Accounting Assistant  
Email: CHanlon@oswegolandpd.org

Participant First and Last Name \_\_\_\_\_

Applicant First and Last Name \_\_\_\_\_

Street Address, City, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Please list every 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 worked per week \_\_\_\_\_

Partner's Employer \_\_\_\_\_

Position \_\_\_\_\_

Work Address \_\_\_\_\_

Telephone \_\_\_\_\_ Hours worked per week \_\_\_\_\_

**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                   | <input type="checkbox"/> Documents Attached |
| <input type="checkbox"/> SNAP/LINK                    | <input type="checkbox"/> Documents Attached |
| <input type="checkbox"/> Free or Reduced Lunch        | <input type="checkbox"/> Documents Attached |
| <input type="checkbox"/> Subsidized Housing           | <input type="checkbox"/> Documents Attached |
| <input type="checkbox"/> Excessive Medical Bills      | <input type="checkbox"/> Documents Attached |
| <input type="checkbox"/> Illinois All Kids Healthcare | <input type="checkbox"/> Documents Attached |

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

---

---

---

---

Have you received financial assistance from the Oswegoland Park District in the past? \_\_\_ 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 assistance privileges and possible program participation.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

For further information or questions please call 630.554.1010.

# 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