



Resident Financial Aid Program

The Bartlett Park District recognizes that family and individuals due to circumstances beyond their control can experience severe financial problems. For this reason the Resident Financial Aid Program was created enabling residents to participate in recreational programs at a reduced fee.

The Resident Financial Aid Program is made available, in part, through a funding partnership with Central DuPage Hospital and the Bartlett Parks Foundation.

Financial Aid Guidelines

1. Applicant must be a resident of the Bartlett Park District.
2. Financial Aid is awarded on the basis of need and availability of funds. Proof of financial need must be demonstrated.
3. All information on the application must be true and accurate. Financial Aid is legally recoverable if paid and awarded on the basis of false or misleading information.
4. The amount of Financial Aid granted and the percentage applied to each program is based on income and household size.
5. If on your Federal 1040 or 1040 A Tax Returns you filed a return married single, married joint or head of household only those persons listed on your Federal 1040 or 1040 A tax Returns will be eligible to receive Financial Aid as a result of your application.
6. Financial Aid is limited to one per each 12 month period of time.
7. Payment for the balance of the fees is required within two weeks of receiving Financial Aid confirmation.
8. Information submitted is confidential and is not a matter of public record of the Park District.
9. Receipt of Financial Aid application or approval of Financial Aid funding does not secure a program spot. Applicants are subject to program random draws and registration availability.

How to Apply

Submit completed form, Program Registration form and required documentation to Mary Ann Winters, Office Manager, Bartlett Community Center, 700 S. Bartlett Rd., 630-540-4865

1. **Proof of residency is provided with the following:**
 - ✓ Current utility bill showing both name and address
 - ✓ Current photo ID
2. **Proof of financial need must be demonstrated to qualify by providing all that apply:**
 - ✓ A completed and signed Financial Aid Application (pages 2 & 3)
 - ✓ Copy of all pages of the most recent Federal Tax 1040 form (if applicant does not file an income tax return, then additional documentation is required
 - ✓ Checking account statements for the previous three months
 - ✓ SSA/SSI Award Letter (Disability income)
 - ✓ Proof of Application for/or Receipt of Benefits from IDHS (Public Aid or Food Stamps)
 - ✓ Unemployment or Workman's Compensation for previous three months including amount of benefits received
 - ✓ Copy of Divorce Decree including alimony and child support amounts
 - ✓ If not natural parent, a proof of guardianship
 - ✓ Current copy of Kids & Mom or other State Medical Health Program

Resident Financial Aid Application

Complete the following information, attach copies of all financial information required (listed on cover page) as well as a completed Program Registration Form and forward to Mary Ann Winters, Office Manager, Bartlett Community Center, 700 S. Bartlett Rd., 630-540-4865.

Name of person applying for the Financial Aid Program: _____

Birthdate: _____ Gender: M F Driver's License # _____

Address: _____ Village: _____

Home phone: _____ Work or day phone: _____

Name of homeowner or lease holder: _____

List all persons 18 and over other than yourself residing at the same address and their monthly income

1. Name _____ Age _____ Monthly Income _____

2. Name _____ Age _____ Monthly Income _____

3. Name _____ Age _____ Monthly Income _____

4. Name _____ Age _____ Monthly Income _____

List any other person not named on this form or any agency that contributes or has contributed during the past 12 months to you or your dependents such as housing, utilities, food, school programs, sport programs, etc.

1. Name _____ Amount \$ _____ Monthly or Annually

2. Name _____ Amount \$ _____ Monthly or Annually

3. Name _____ Amount \$ _____ Monthly or Annually

4. Name _____ Amount \$ _____ Monthly or Annually

Applicant's marital status: ___ Single ___ Married ___ Widowed ___ Divorced

_____ Separated _____ Living in Common Law

If presently married, separated or living in common law list your significant other's name:

Resident Financial Aid Application

Total number of dependents listed on your Federal Tax Return: _____

List dependent Information (only those dependents listed on most recent Federal 1040 or 1040 A Income Tax Return).

	Name (first and last)	Age	Birthdate	School
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			
6.	_____			

List Monthly Incomes

Salaries/wages/earnings	\$ _____
Income from a private business or partnership	\$ _____
Unemployment Compensation	\$ _____
Social Security or Disability	\$ _____
Child Support and/or Maintenance	\$ _____
Retirement pensions	\$ _____
Annuities/Interest, etc	\$ _____
Other	\$ _____
Total monthly income:	\$ _____

I affirm that all of the information I have supplied is truthful and accurate. I also understand that should this information be falsified in any way I assume full responsibility to reimburse the Bartlett Park District in for any and all financial aid received as a result of this application.

Signature

Date