

**Western DuPage Special Recreation Association**

116 N. Schmale Road  
Carol Stream, IL 60188  
Phone: 630-681-0962



**January 1, 2024 – December 31, 2024**

**ANNUAL SCHOLARSHIP FORM**

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Park District \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Primary Disability \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_

**This information must be complete and accurate before you will be eligible to receive a scholarship:**

**Annual Household Income \_\_\_\_\_ Number of individuals living in household \_\_\_\_\_**

**Do you qualify for either?**

- ☐ Public Aid/Medicaid Waiver - If Yes, please provide Aid # \_\_\_\_\_
- ☐ LINK/SNAP program - If Yes, please provide Case # \_\_\_\_\_

**If not, please provide the following information: ☒ all that apply**

- ☐ Copy of Last Year's Tax Return – Form 1040 (Required)
- ☐ Social Security
- ☐ SSI Disability
- ☐ Home Based Waiver Services
- ☐ Subsidized Housing
- ☐ Unemployment Benefit Statement
- ☐ Letter describing other Financial need

Please notify us of any financial changes during the course of the year.

Fee assistance is awarded for a maximum of 50% per program, not exceeding \$100 per program. Participants are eligible for up to three (3) programs per season. The amount may fluctuate based on the funds available.

**Payment plan** - After scholarships have been applied, you are responsible for the remaining balance before the program begins. If the full balance cannot be paid before the program begins, please call the office to arrange a payment plan. Total amount due must be paid in full by the end of each program season.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## **Western DuPage Special Recreation Association**

### ***Guidelines for Requesting Scholarships***

**Western DuPage Special Recreation Association (WDSRA) believes all residents, including those who are in financial need, should have the opportunity to participate in recreational opportunities.**

**All of the funds for financial assistance are obtained through fundraising campaigns. Each year the amount available for this purpose may vary.**

**Persons requesting financial assistance must annually complete the scholarship application form and return it to the WDSRA office. New applications will be accepted at any time. All information submitted is confidential and not a matter of public record; however, information must be accurate and verifiable. Inaccurate or incomplete information may jeopardize your receiving scholarship assistance.**

#### **WDSRA's Financial Assistance Guidelines:**

- Must be a WDSRA resident with a disability.
- All information must be completed.
- Percentage of fee assistance granted is based on need and availability of funds.
- Balances from prior season(s) must be paid in full before new registrations will be accepted.
- When choosing a payment plan, first payment must be made before programs begin.
- Fee assistance is awarded for a maximum of 50% per program, not exceeding \$100 per program. Participants are eligible for up to three (3) programs per season.
- A new application will be required by January 1st of every year. Please notify us of any financial changes in the interim.
- All information provided must be accurate and verifiable.
- Please contact the front office at WDSRA for additional information 630-681-0962.