

Warren Special Recreation Association

Financial Assistance Program Policy and Procedures

Policy

The Warren Special Recreation Association (WSRA) believes that everyone should have the opportunity to enjoy and participate in recreational opportunities. We will attempt to provide equal opportunities for residents with financial hardship, through the provision of programs with reasonable fees as well as through delayed payment plans, reduction in program fees with subsidy from various donations.

Qualifications

Applicants must reside within WSRA's boundaries, scholarships are for **residents with disabilities**. Evidence of financial need must be demonstrated to qualify. Factors defining need may include family income or extenuating financial situations such as excessive medical bills, loss of employment, current participation in public aid, SSI, school lunch program or subsidized housing.

Procedures

Applicants requesting assistance must complete the application and submit it prior to the registration deadline. A complete registration form should accompany the application. All applications will be reviewed and evaluated. Applicants will be notified of the awarded scholarship.

- Information submitted is confidential and is not a matter of public record.
- All registration policies and procedures apply to financial assistance/scholarship applicants.
- All information submitted on the application must be true and accurate.
- Assistance awarded on the basis of false information supplied will be nullified.
- The Executive Director evaluates all requests.
- Awarding of assistance does not insure continued approval for future seasons.
- Reduced fee assistance is not considered if the applicant has an outstanding balance from a preceding season, balances must be paid in full before new registration is accepted.
- Documentation of taxable income, as listed on most recent federal income tax return, is required.

Limits

- Reduced fee assistance is available for programs and camps.
- Financial assistance is limited to a maximum of 50% of program fees per person with a maximum of 2 programs per season not to exceed \$100.00.
- All assistance will be awarded based on need and availability of funds. WSRA reserves the right to approve assistance or deny an applicant's request.

Warren Special Recreation Association

100 S. Greenleaf St.
Gurnee, IL 60031

1-847-244-6619 (phone)
1-847-855-8687 (fax)

Financial Assistance Application

Participant Name _____		Birthdate _____	
Address _____			
City _____		Zip _____	
Primary Phone # _____		Primary Disability _____	
Parent / Guardian Name _____		Primary Phone # _____	

Number of individuals living in household _____
 Number of individuals living in the household who are employed _____
 Monthly employment income for household _____
 Do you receive Public Aid (Y/N) _____ If Yes, please provide Aid # _____
 Do you receive Food Stamps (Y/N) _____ If Yes, please provide Case # _____
 Participant of Federal School Lunch Program (Y/N) _____ If Yes, school attending _____
 Subsidized Housing (Y/N) _____

Does anyone in your household receive income from any of the following sources? (Specify amount.)

Social Security	\$ _____	/Month	Public Aid	\$ _____	/Month
SSI Disability	\$ _____	/Month	Child Support	\$ _____	/Month
Workers' Compensation	\$ _____	/Month	Pension	\$ _____	/Month
Unemployment Compensation	\$ _____	/Month			

Documentation of your taxable income is required. Please submit a copy your most recent federal income tax return and two pay stubs if employed.

Please explain any other financial difficulties (extensive medical bills, etc.) _____

List at least three references (social worker, church, school, health department, etc) in order to be considered for financial assistance.

Contact Name	Title	Agency	Phone number

WSRA assists as many individuals as possible through financial assistance. As a result, please indicate the percentage of program fees you can cover (i.e., 60%) _____

List the programs for which you are requesting assistance:

I understand this application is confidential and not public record. I also understand this application will be evaluated to determine qualification for financial assistance. I will make WSRA aware of any financial changes that differ from information provided above. All of the information provided is accurate and verifiable.

Signature _____ **Date** _____

For Office Use Only		
Date Appl. Received _____	Reviewed By _____	Percentage Awarded _____
Date _____	Date Notification Given to Applicant _____	

Application will be renewed on an annual basis prior to the start of the spring season.