



West Suburban Special Recreation Association

2915 Maple Street, Franklin Park, IL 60131
847.455.2100 FAX 847.455.2157

Confidential Scholarship Application

The WSSRA Scholarship procedures are as follows:

1. Scholarships are for residents with disabilities only.
2. Scholarships are based on need and availability of funds.
3. Proof of income must accompany the scholarship form. Only two types of proof will be accepted: latest tax return or copy of the most recent paycheck.
4. Scholarships are usually awarded for a maximum of two programs per season.
5. The maximum scholarship award is usually 50% of the fee for each program.
6. The amount of the award may be less than 50% of the fee.
7. All balances are due by the registration deadline for the following season. Payment plans available call Bob to arrange a plan.
8. No scholarships are awarded for fees under \$20.
9. **Scholarships will not be considered if there is a past due balance.**

Name of Participant (s) _____

Birthdate(s) _____

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Disability/Special Need _____

Female Head of Household Yes No Married Single

Caucasian Hispanic African American Other specify _____

Number of Individuals living in the household _____ Number of Individuals living in the household who are employed _____

| | | | |
|--|----------------|---------------------------------|----------------|
| Does anyone in your household receive income from any of the following? Check all that apply and specify amount. | | | |
| If this application is for an adult 22 or older, check and complete all that apply. If left blank, no scholarship will be considered. | | | |
| _____ Social Security..... | \$ _____/month | _____ SSI/SSDI..... | \$ _____/month |
| _____ Employment | \$ _____/month | _____ Workman's Comp | \$ _____/month |
| _____ Child Support..... | \$ _____/month | _____ Unemployment Compensation | \$ _____/month |
| _____ Foster Parent (DCFS)..... | \$ _____/month | _____ Pension..... | \$ _____/month |
| Total monthly income (Please total all of the above) \$ _____ | | | |

Does anyone in your household participant in the Free or Reduced Price School Lunch Program? Yes No

Do you regularly experience (or have you recently experienced) any unusual medical expenses? Yes No

Please give details _____

Are there any other unusual household expenses at this time? _____

I have read and understand the Scholarship Policies. I understand that all information given is *not* a matter of public record and all information will be kept *confidential*. I will make WSSRA aware of any changes in our financial status. All of the information I have provided is accurate.

Signature of Applicant _____ **Date of Application** _____

This form is valid from January through December. Form must be completed annually.