



behind every
EXPERIENCE
Decatur Parks Foundation

Decatur Parks Foundation Scholarship Program

Dear Scholarship Applicant:

The Decatur Park District is committed to providing recreational opportunities for all members of our community regardless of their financial situation. Eligibility for assistance is based on family size and income level and admissibility determined by our Scholarship Coordinator.

After reviewing your application based upon the above factors, the following policies will be implemented:

- You will be contacted by phone and/or in writing to inform you if you qualify for financial assistance within 10 days of receiving the initial application form.
- Individuals who qualify for assistance will receive 100% discount on program registration fees.
- Fill out a corresponding program registration form for consideration. Please be sure to make your request during open registration, prior to the start of class. Late registrations will not be accepted.
- Upon acceptance into the financial assistance program you will be automatically registered for the program requested, depending on availability. Please be aware that most programs have a maximum participation rate.
- Limited funds are available for financial assistance. All program awards are based on the need and availability of funds at the time of applying.

Please make sure you have turned in all required documentation. Allow 10 business days for processing. The Park District encourages you to return the information at your earliest convenience. If you have any questions, please contact Gabrielle Cliff at 217-429-7750.

Sincerely,
Gabrielle Cliff

Decatur Parks Foundation Scholarship Application

Policies

Scholarships are available to Decatur and Macon County residents for Decatur Park District programs.

Scholarship assistance may be used towards Decatur Park District programs, recreation classes, and camps.

Scholarship and other financial assistance **MAY NOT** be applied towards admission fees, food and beverages, merchandise, annual fitness memberships, annual aquatic membership, Decatur Park District Golf Course green fees or travel team expenses.

Submit completed scholarship form along with Program Registration form and required documentation to Gabrielle Cliff, Scholarship coordinator, Decatur Park District, 620 E, Riverside Ave, Decatur, Il 62621.

Guidelines

1. Application is confidential and is not a matter of public records.
2. All information on the application must be true and accurate.
3. Applications will be accepted with each program season: Spring/Summer, Fall/Winter
4. All awards will be awarded on the basis of need and availability.
5. Granting of scholarship assistance does not guarantee program availability.
6. Application must be completed in full and all records must be presented before the applicant is considered for assistance.
7. Decatur Parks Foundation reserves the right to deny the application.
8. Each application will be reviewed and the information verified for the individuals eligibility. Income level will be factored into eligibility.
9. Upon submission of a scholarship request, families will be notified in 10 business days or less of the scholarship status.

General Information:

_____ New Applicant _____ Past Recipient

Name of Parent/Guardian: _____

First

Last

Current Address: _____

Street Name & Number

City

Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

First and Last Name(s) of Children: Please list all children:

_____ Birthday _____ Age: _____

_____ Birthday _____ Age: _____

_____ Birthday _____ Age: _____

_____ Birthday _____ Age: _____

General information continued

Program that scholarship will be used for: _____

Brief description explaining need for assistance: _____

Release of Information

I fully understand that the financial circumstances outlined on this application will be kept confidential by the Decatur Parks Foundation and the Decatur Park District. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of any changes in my financial status. The information provided is true and correct to the best of my knowledge. Any incorrect information will automatically disqualify me from this program and will require me to reimburse the Decatur Park District for any past payments. I understand that I may be asked to produce documentation supporting any or all of the above information. I authorize the Decatur Park District to verify any information they may require with any local, state or federal agency that I am currently working with or have worked with in the past.

Applicant's Name (Print)

Applicant's Signature

Date

OFFICE USE ONLY:

Date Received in Administrative Office: _____

Amount Awarded: _____

Payment Schedule: _____

No Assistance – Payment Plan: _____

Documentation

P.A.

F.S.

M.C.

S.L.

Other Financial Difficulties and Reason _____

Involvement in Foundation Scholarship Partnership Program _____