



ENGAGE Financial Assistance Scholarship Program

SCHOLARSHIP GUIDELINES:

Our project goal is to have no individual, from child to senior, be turned away from Recreation Programs due to the inability to pay registration or membership fees. The Flagg-Rochelle Park District is passionate about encouraging engagement in recreational activities. Activity changes attitudes. Feeling positive about health and wellness will improve behaviors with others as well as development of new skills. The benefits of recreation are endless and we want to touch as many lives as possible.

Date Received:

____/____/____

THROUGH GENEROUS GRANTS & DONATIONS, THE ROCHELLE PARK DISTRICT IS ABLE TO OFFER SCHOLARSHIPS TO RESIDENTS OF THE ROCHELLE COMMUNITY.

- The Scholarship Program, ENGAGE, is available to all residents within the Flagg-Rochelle Park District boundaries.
- Scholarships will be awarded to applicants and dependent household members only, and acceptance is based on the HHS Poverty Guidelines listed below.
- Applicants must supply the Flagg-Rochelle Park District with documentation of any and all forms of income in which he or she is currently receiving, including:
 - **Copy of Most Recent IRS 1040 Tax Form**
 - Any additional income not claimed on tax form
 - **Proof of Residency** (Driver's License, Electric Bill, Etc.)
- Approved applicants will receive a scholarship for a 3-month All-Inclusive Family Membership at The REC or \$300 of RECreational monies.
- The Park District will notify the applicant within 2 weeks on their scholarship status, after completion of the application. The Flagg-Rochelle Park District reserves the right to approve full funding or deny an applicant's request. (Approval dependent on funds available)
- All information on the application must be true and accurate. Scholarships are legally recoverable if paid and awarded on the basis of false information supplied by the applicant. The submittal of false information will nullify the request.
- All personal information is confidential and not a matter of public record.

**** If you previously received funds, you must have attended a minimum of 10 visits/member to qualify again. If you elect to receive recreational monies instead of a REC Membership, you must utilize the funds within 6 months or money can be returned to the district to provide additional scholarships. Full participation in chosen programs is required.**

2021 HHS Poverty Guidelines

Size of Family Unit	Annual Income
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120

Please return this application and ALL documentation to:

Flagg-Rochelle Community Park District
802 Jones Road
Rochelle, IL 61068
Attn: ENGAGE

Please allow 2 weeks for processing. Notification of approval will be made by phone.

PROGRAMS, SERVICES, AND EMPLOYMENT ARE EQUALLY AVAILABLE TO EVERYONE. Please inform the Park District Office if you require reasonable accommodation for the application.

All information on the application must be true and accurate. Applicants are required to submit the attached affidavit verifying all information submitted is accurate. Scholarships are legally recoverable if paid and awarded on the basis of false information supplied by the applicant and will nullify any request for waiver of program fees. Any falsified application will be the subject of prosecution to the fullest extent of the law.

Primary Guardian Information

Full Name: _____
First Last M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Date of Birth: _____

Email: _____

Secondary Guardian Information

Full Name: _____
First Last M.I.

Phone: _____ Date of Birth: _____

Email: _____

Dependents

Please list all dependents living in your home for which you provide financial support:

Full Name	Date of Birth	School/Grade	Relationship to Applicant

Applying for 3-month membership (Includes 1 Access Card): _____ (Check only one)

Applying for \$300 RECreational monies: _____ (Check only one)

Additional Information

Explain any other situation that is causing financial hardship:

Certify

By signing this form, I hereby certify, represent, warrant, and affirm under penalties of perjury that all information on this form, and any additional supporting documents or information submitted with this form, is true, correct, and complete to the best of my knowledge.

Applicant's

Signature: _____ Date: _____

OFFICE USE ONLY

☐	Approved for 3-Month REC Membership (Includes 1 Access Card)
☐	Approved for \$300 RECreational Monies
☐	Approved (Waitlist until funds available)
☐	Denied (Note reason below)

ENGAGE Applicant Notified by Phone on: ____/____/____

Requested Membership Start Date: ____/____/____

Park District

Signature: _____ Date: _____

