

# “SEND A KID TO CAMP” SCHOLARSHIP PROGRAM

## SCHOLARSHIP PROGRAM FOR ALL CAMPS

The Friends of the Round Lake Area Parks Foundation has a day camp scholarship program available for residents 6-21 years of age.

Applications for the scholarship are available at two Round Lake Area Park District locations: The Robert W. Rolek Community Center located at 814 Hart Road, Round Lake; and the Sports Center located at 2004 Municipal Way, Round Lake Beach.

Scholarships will be awarded based on financial need and the availability of camp scholarship funds at the time of application.

The Friends of the Round Lake Area Parks Foundation [501(C)(3)] raises money for the specific purpose of supporting programs of the Round Lake Area Park District.

Any questions, contact Katie Gamroth at 847-546-8558

## ROUND LAKE AREA PARKS FOUNDATION DAY CAMP SCHOLARSHIPS

The Friends of the Round Lake Area Parks Foundation [501 (c)(3)] makes funds available to provide financial assistance to qualifying resident families who might not otherwise be able to participate in the District's day camp programs.

## DAY CAMP SCHOLARSHIP

- All information is confidential and not a matter of public record.
- All information on the day camp scholarship application must be true and accurate.
- Limited funds are available for scholarships. All day camp scholarship awards will be on the basis of need and availability of Foundation funds at the time of application.
- Scholarships are available to children ages six (6) through twenty-one (21) years of age, and are enrolled in a School Age Program (no younger than first grade).
- All requests for scholarships must be submitted to the Superintendent of Recreation of the Round Lake Area Park District for review and determination.

## PROOF OF RESIDENCY

The following sources can be used for proof of residency: Valid Illinois driver's license, utility bills, apartment lease, etc.

## QUALIFICATIONS FOR SCHOLARSHIP

- Proof of financial need must be demonstrated to qualify for scholarship program. Items that will be considered/evaluated include: current

participation in public aid; food stamps; school lunch or subsidy housing programs; excessive medical bills or other unusual, burdening financial circumstances.

- All applications must include copies of your three most recent paycheck stubs or other source of income.

## PROCEDURE

Persons requesting scholarships must complete the appropriate form and submit it to the Park District. Applications will be individually reviewed and evaluated. Applicants will be notified within seven (7) working days of submission.

## LIMITS ON SCHOLARSHIPS

- Scholarships will be limited to a maximum of one (1) week of camp or equivalent to applicants for the 2018 camp season.
- Upon acceptance, the applicant must complete the entire registration packet required for the appropriate day camp program. This includes a copy of their school physical and immunization record.

## ROUND LAKE AREA PARKS FOUNDATION SCHOLARSHIP APPLICATION

Name of Camp: \_\_\_\_\_

Name of Scholarship Applicant(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Person Completing Application: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please list additional family members who live in the same household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

## EMPLOYMENT

Employer's Name: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ How Long Employed: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**PLEASE CHECK ITEMS TO INDICATE FINANCIAL NEED** (copies of documentation for the following will be required):

Public Aid  Subsidized Housing  Food Stamps — Case Number: \_\_\_\_\_

School Lunch Program — School Attended: \_\_\_\_\_

Excessive Medical Bills — Reason: \_\_\_\_\_

Any Other Extenuating Circumstances: \_\_\_\_\_

**REFERENCES** (list below one or more schools or social agencies for reference checks):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I certify that the above information is true and understand that it will be verified. All information is confidential and is not a matter of public record.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY — DO NOT WRITE INSIDE THIS BOX

Date Application Received: \_\_\_\_\_ Results: \_\_\_\_\_

Date Notification Sent: \_\_\_\_\_ Staff Signature: \_\_\_\_\_