



Wilmette Park District Financial Assistance/Scholarship Program

Purpose

The Wilmette Park District is committed to providing recreation opportunities to residents who wish to participate in Park District programs but are unable to due to economic circumstances. The Park District strives to provide assistance to those who qualify based on the eligibility requirements. Applications are administered through the office of the Executive Director, and reviewed with discretion.

Eligibility Requirements

Financial assistance is awarded based on family size, pre-tax income, and residency. A family is defined as parents/guardians and children age 22 and under, residing in the same household. Special circumstances may be considered. Financial assistance is available to Wilmette residents ONLY and students attending Wilmette Public Schools.

Financial assistance will be awarded based on the following criteria:

75% Subsidy		50% Subsidy		25% Subsidy	
Family Size	Total Income	Family Size	Total Income	Family Size	Total Income
1	\$27,508	1	\$36,678	1	\$48,903
2	\$37,060	2	\$49,414	2	\$65,885
3	\$46,612	3	\$62,150	3	\$82,866
4	\$56,164	4	\$74,886	4	\$99,848
5	\$65,716	5	\$87,622	5	\$116,829

Guidelines

- Scholarships are awarded as a 25%, 50% or 75% discount off program registration fees, not to exceed \$2,000 per household annually. Recipients are responsible for paying the remaining balance owed at the time of registration.
- Families with an outstanding account balance are not eligible for financial assistance.
- All fees are due by the subsequent registration date (i.e., spring fees are due by summer reg.)
- Certain programs/activities are not available for scholarship. These include court/ice time, rentals, parties, tickets and programs/activities with a fee under \$100 (with the exception of holiday camps and school day off activities).
- The Park District reserves the right to approve or deny an applicant's request.
- All registration policies and procedures apply to financial assistance/scholarship recipients.
- Applicants requesting financial assistance for summer camps, BSR/ASR, and Preschool (PS) will be required to submit a \$50 deposit that will be applied toward the balance. Applications for assistance towards summer camp fees are due **April 1**, and **August 1** for BSR/ASR and PS.
- Payment plans may be available. For families receiving financial assistance, BSR/ASR and PS fees are billed September thru May.

Application Process

To be considered for financial assistance, applications must be **fully completed, signed and dated, and include the required documents**. Incomplete applications and missing documents will delay review of the request. Applications should be submitted to Wilmette Park District, 1200 Wilmette Ave., Wilmette, IL 60091, Attn: Executive Administrative Assistant. Applicants will be notified by email, within 2-3 weeks of receipt of the application. To ensure a spot in desired activity, please allow 2-3 weeks for review and approval of application.

Financial assistance is awarded on an annual basis. A new application is required annually.

Required Documents

Current Proof of Residency – Acceptable items include utility bill, automobile registration, valid driver's license or state ID.

Mortgage Statement or Signed & Dated Lease/Rental Agreement – Most recent

2025 Federal Income Tax Return (Form 1040) - Include for **each** adult wage earner. Applications will be approved on a temporary basis until 2025 taxes are received. The deadline for 2025 tax information is May 1, 2026. This document includes most line items from your tax return as it was originally filed. **First Time Applicants** - \$750 is the maximum amount provided without 2025 tax forms. **Please redact any social security and bank account numbers.**

2025 W-2's – For each adult wage earner, from all employers.

Proof of Income - **3** most recent pay stubs for **each wage earner**. If unemployed, provide a statement from unemployment office or copy of three most recent unemployment checks, along with plans for future employment. Full time students must provide proof of enrollment. **Please redact any social security and bank account numbers.**

Supplemental Information (Page 2 of application) – Official documents showing benefit amounts and eligibility dates.

Registration Form – Complete attached form; list programs, sign, and date.

Self-Employment Record – Complete attached form.

Scholarship Payment Agreement – Complete attached form.

The Park District may require additional documents if deemed necessary.

Program Registration Process

Upon approval of financial assistance, recipients should adhere to the following guidelines:

- **The Administrative Office, 1200 Wilmette Ave is the only facility that processes registration with financial assistance.**
- Registration forms will be accepted via email if fully completed; signed and dated (*the Park District cannot guarantee the security of the email system*).
- Registration requests will not be processed without full payment of balance owed.
- Household account balances must be paid in full before scholarship funds will be applied to new registration fees.
- Registration forms that are emailed may not be processed on the day they are sent. To ensure a spot in desired activity, please allow sufficient time for processing.
- **Financial assistance will not be applied if the program has already been paid for.**
- Each program registration is individually reviewed and is not guaranteed assistance.

Responsibilities of Financial Assistance Recipients

- Notify the Park District of any changes in family's financial situation during the year.
- Regularly attend programs/activities for which financial assistance has been provided.
- Adhere to the Program Registration Process guidelines listed above.
- If you would like to withdraw from a class for any reason, please contact 847-256-9610.

If you have any questions regarding the Financial Assistance/Scholarship Program or the Application for Assistance, please call the Executive Office at 847-256-9610.



Application for Financial Assistance/Scholarship

To be considered for financial assistance, applications must be **fully** completed and include the required documents. Completed applications should be submitted to the Wilmette Park District, 1200 Wilmette Ave., Wilmette, IL 60091, Attn: Executive Administrative Assistant.

Applicant's Name (*head of household*) _____

Street Address/Apt. # _____ City/Zip _____

Phone Number _____

Email (*used for notification of approval*) _____

Marital Status Single Married Separated Divorced
 Living Together Widowed

List below everyone residing in the home:

First Name	Last Name	DOB	Relationship to Applicant	Gender Identity*	School	Current Grade

*Female (F), Male (M), Non-binary (NB), Gender Not Listed (G), Prefer Not to Disclose (P)

Employment Information

Applicant's Employer _____ Phone _____

Position/Title _____ Hire Date _____

Address (*street, city zip*) _____

Hours worked per week _____ Work Schedule _____

Hourly Rate/Annual Salary _____

Spouse/Partner's Employer _____ Phone _____
 Position/Title _____ Hire Date _____
 Address (street, city/ zip) _____
 Hours worked per week _____ Work Schedule _____
 Hourly Rate/Annual Salary _____

Financial Information

Review the following, check and complete all that apply. **Please attach respective documents** showing approval, eligibility, and amount received.

<u>Income</u>		<u>Expenses</u>	
<input type="checkbox"/> Child Support	\$_____ Month	<input type="checkbox"/> Home Own/Rent	\$_____ Month
<input type="checkbox"/> Subsidized Housing	\$_____ Month	<input type="checkbox"/> Car(s) Own/Rent	\$_____ Month
<input type="checkbox"/> Social Security	\$_____ Month	<input type="checkbox"/> Excessive medical bills	\$_____ Month
<input type="checkbox"/> Public Aid	\$_____ Month	<input type="checkbox"/> Other*	\$_____ Month
<input type="checkbox"/> SNAP/food stamps	\$_____ Month		
<input type="checkbox"/> Veteran's Benefits	\$_____ Month		
<input type="checkbox"/> Rental income	\$_____ Month		
<input type="checkbox"/> Free/reduced lunch	\$_____ Month		
<input type="checkbox"/> Death benefits	\$_____ Month		
<input type="checkbox"/> Unemployment	\$_____ Month		
<input type="checkbox"/> Medical Assistance	\$_____ Month		
<input type="checkbox"/> New Trier Township	\$_____ Month		
<input type="checkbox"/> Loans, gifts, etc.*	\$_____ Month		

*Please describe how your family currently affords its bills _____

Please provide any additional information you would like us to know that will help determine your need for financial assistance:

I declare that I have examined this form and all enclosed documents and to the best of my knowledge and belief, the information supplied is true, correct and complete.

I understand that Park District officials may contact local, state and federal agencies to verify the information on the application.

I understand that I will be responsible for a portion of the program fees, and these costs will be paid in full in accordance with Wilmette Park District Policy.

I understand that I am to notify the Wilmette Park District, in writing, of any changes whatsoever, in need, the resources listed herein, new or additional income, or change in family composition.

Applicant's Signature

Date

For Office Use Only

Proof of Residency: _____

Lease/Mortgage: _____

Form 1040: _____

W-2's:

Proof of Income:

Supplemental Info:

Registration Form:

Self-Employment Record:



REGISTRATION FORM

Online Registration: www.wilmettepark.org • Fax Registration: 847-256-0739

Mail Registration: Wilmette Park District
1200 Wilmette Avenue, Wilmette, IL 60091
Questions? 847-256-6100

Adult Registrant or Parent/Guardian Name _____

Address _____ Home Phone () _____

City _____ Zip Code _____ Cell/Business Phone () _____

E-mail address _____

Activity # --section 123456-01	Program Name	Participant's First & Last Name	School	Fee	Birthdate	Gender Identity*
—						
—						
—						
—						
—						
—						
—						

*Female (F), Male (M), Non-binary (NB), Gender Not Listed (G), Prefer Not to Disclose (P)

Total Fees: →

Waiver & Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that by registering and participating in Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain from programs/activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Wilmette Park District, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Wilmette Park District from any and all claims for injuries, damages or loss, including transportation services when provided, that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I have read and fully understand the above waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Authorized Signature

Date

Method of Payment:

Cash Check Other
Name: MC Visa Discover
Card #

**PLEASE CALL
WITH CC INFO**

Ex. Date CVV code Zip code
Authorized Signature

Americans With Disabilities Act

Please check here if you need any accommodation, in accordance with the ADA, to effectively participate in an activity or at a facility. A staff member will contact you for more information. If you do not hear from us prior to the start date of a program, please call to confirm your accommodations.



Self-Employment Income Record

(Please print all information)

Name of Self-Employed Family Member/s: _____

Business Address (*if different than home address*): _____

Because you are self-employed, you are required to report all of your self-employment income and expense information. In order for the park district to determine your eligibility, you must provide accurate records of all your self-employment income and related expenses. Charitable donations, depreciation, and personal expenses are not considered business expenses.

Please complete the form below and on the back side of this page. Including receipts will help the park district better determine your eligibility for financial assistance.

I declare that I have examined this form and to the best of my knowledge and belief, the information supplied is true, correct and complete.

Applicant's Signature

Date



Scholarship Payment Agreement

(Please print all information)

Family Name _____

Address _____ City _____

Phone Number _____ Email _____

Credit Card Information

Name on Credit Card _____
 Checkmark is _____ Master Card _____
 Credit Card # _____ Exp. Date _____ CW/CVC# _____

Agreement:

1. I authorize the Wilmette Park District to use the above credit card information to pay program registration fees.
2. I understand the Wilmette Park District will notify me by phone or email before a payment is processed.
3. I understand the Wilmette Park District will not process a credit card payment to the card number listed above without my prior consent, with the exception of automatic billing (PS and CARE) or payment plan.
4. I understand that I am responsible to notify the Wilmette Park District if my or credit card information changes. A late fee may be assessed if a credit card is denied.
5. I understand that these financial arrangements will remain in effect until: (a) the total amount due is collected by the Wilmette Park District; (b) I have requested in writing a cancellation of the program and have paid all current fees; or (c) The Wilmette Park District sends me a notice of termination of this agreement.
6. Credit card information will be kept on file until December 31, 2026
7. I have read and agree to comply with the above Scholarship Payment Agreement information.

Print Name: _____

Sign Name: _____

Date: _____

For Office Use Only

Program(s) to be auto debited:

Preschool Before/After School Rec

Summer Camp