

#### **GENERAL OFFICE**

Bunn Park

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# **Springfield Park District Financial Assistance Program Explanation of Benefits**

December 2022

**Dear Financial Assistance Applicant:** 

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

- 1. You will be contacted by phone and/or in writing to inform you if you qualify for a financial assistance within 10 days of receiving the initial application form.
- 2. Families who qualify for assistance will receive 100% discount on program registration fees. Exception: Summer Camp Programs; only 2 weeks will be granted under financial assistance, not the entire Summer Camp Program.
- 3. Financial assistance is limited to one program per family member per season.
- 4. Please 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.
- 5. 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. Please bring copies and not the originals, staff will not be able to make copies. 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 Amanda Tippin at 217-544-1751, ext. 1014.

Sincerely,

### Amanda Tippin

Amanda Tippin
Assistant Director Recreation & Marketing
For the Springfield Park District

#### **Springfield Park District Financial Assistance Application Guidelines**

#### **Policies:**

- Applications need to be completed for each season/program. Information on this form will be kept on file and any changes to financial status must be reported promptly by the applicant to the Park District.
- 2. All recipients must reside within Park District Boundaries. Employees of the Springfield Park District are not eligible.
- 3. All information submitted is confidential and is not a matter of public record.
- 4. All information on the application must be true and accurate.
- Upon submission of a scholarship request, families will be notified in 10 business days or less of their scholarship status.
- A complete program registration form should be submitted with the initial request and then solely for future seasonal requests.

#### **AppApplication Procedures:**

- Complete, in full, the Financial Assistance Application Form. Families applying must submit a copy of their latest federal income tax return, W-2s from each adult wage earner and a copy of the most recent pay stub or unemployment stub from each wage earner. SUBMITTAL OF FINANCIAL FORMS IS THE RESPONSIBILITY OF THE APPLICANT. ALL FORMS MUST BE PRESENT OR EXPLANATION OF MISSING PROOF OF INCOME, OR APPLICATION WILL BE REJECTED. THE PARK DISTRICT WILL NOT CALL TO VERIFY MISSING PROOF OF INCOME.
- 2. Return completed application & registration form to:

Each application will be reviewed, and the information verified for the family's eligibility. Based upon family size and income level, families may be denied or approved. If approved, you will be eligible for assistance for that season.

#### **Program Eligibility**

2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA					
Persons in family/household	Poverty guideline				
1	\$13,590				
2	\$18,310				
3	\$23,030				
4	\$27,750				
5	\$32,470				
6	\$37,190				
7	\$41,910				
8	\$46,630				
For families/households with more than 8 persons, add \$4,720 for each additional person.					

<sup>\*</sup>Data in the above chart has been taken from the U.S. Federal Poverty Guidelines and is based on the family unit's total gross pre-tax annual household income.

#### How to register for a program:

All registration procedures and policies apply to financial Assistance recipients initially:

Complete the financial assistance forms along with the registration information. Do not include a payment with your initial request. You will be contacted with the results of your request. 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. Late registrations will not be accepted. Your initial request can take up to 10 business days to process.

#### For future registration:

- Fill out financial assistance cover page only.
- Fill out the registration forms.
- Additional requests will take up to 24 hours to process.

#### What programs are financial assistance recipients eligible for:

- Financial assistance allows each family member to register for one of the following programs per season:
- Recreation Classes/Programs
- Camps (only two weeks of camps are eligible on multi-week camp programs)

#### Financial assistance cannot be used for:

- Admission Fees: zoo, aquatics, golf, etc...
- Memberships: golf, aquatics, zoo, botanical, etc...
- Food & Beverages
- Merchandise
- Adult Leagues
- Contractual Programs

## **Springfield Park District Financial Assistance Application Form**

Progr	am Applying for:					
	NEW APPLICANT		SUBSEQUENT			
PPLI	CATION					
amil	y Last Name					
-athe	r/Guardian's First Name					
∕loth	er/Guardian's First Name					_
∕larit	al Status (circle one)		Single Married	Separated	Divorced	Widowed
lame	e of person to contact?					
ell P	hone			· · · · · · · · · · · · · · · · · · ·		
mail	Address					
irst a	and Last Name(s) of Childre	n: <b>Pleas</b> e	e list all children:			
			Birthday	Age: _		
•			Birthday	Age: _		
•			Birthday	Age: _		
			Birthday	Age: _		
j			Birthday	Age: _		
j			Birthday	Age: _		
urre	nt Street Address					
urre	nt City					
las y	our address changed since l	ast regis	tration? Yes	No		
Yes	please list past address: Str	eet:				
Past C						
n ord	ler to be considered for rev	ew of fi	nancial assistance it	is required that	at you subn Each pay stu	

ite income or it will be returned and your application will not be reviewed at that time.

Please complete the following:						
First and Last Name:						
Employer's Name:	-					
Employer's Address						
Employer's Phone #						
Gross Yearly Income for year	\$					
First and Last Name:						
Employer's Name:						
Employer's Address						
Employer's Phone #						
Gross Yearly Income for year	\$					
First and Last Name:						
Employer's Name:						
Employer's Address	-					
Employer's Phone #						
Gross Yearly Income for year	\$					
First and Last Name:						
Employer's Name:						
Employer's Address						
Employer's Phone #						
Gross Yearly Income for year	\$					
Please review the following and list all other sources or income your household may receive.						
Do you receive Public Ass	istance:	\$	/Month			
Do you receive Alimony:		\$	/Month			
Do you receive Child Supp	port:	\$	/Month			
Do you receive Unemployment Compensation:		\$	/Month			
Do your receive Social Security Benefits:		\$	/Month			
Do you receive Death Ber	Do you receive Death Benefits:					

District. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of any							
changes in my financial status. The above information 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 district for any past payments. Each wage earner must sign below.							
Applicant's Signature	Date						
Applicant 5 5,8nature	Dute						
Applicant's Signature	Date						
Release of Informat	ion						
I have voluntarily applied for financial assistance through the Spri	ngfield Park District. If approved into the						
program I will receive financial assistance to offset fees associated with registering for Park District programs.							
Approval will require the Park District to verify the current size of my family as well as current and past financial							
status including but not limited to annual and weekly income, alimony, child support, social security benefits,							
disability benefits etc							
I give the Springfield Park District the authority to verify any infor	mation they may require with any local, state of						
federal agency or organization that I am currently working with or have worked with in the past.							
Applicant's Signature	Date						
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Applicant's Signature	Date						

I fully understand that the financial circumstances outlined above will be kept confidential by the Springfield Park

#### Springfield Park District Financial assistance Application Form Checklist

Before submitting your application to the Park District please read and check-off all items of the documents required for your application to be processed. Completed Application form (5 pages) A copy of the most recent Federal Income Tax Return and W-2's from <u>each</u> adult wage earner. If you have not yet filed, you are required to submit it as soon as you have a copy in hand. A copy of the recent three (3) most recent pay stubs from <u>each</u> wage earner, which <u>must</u> show your year-todate income (all members of the household who are 18 years or older). Social Security Recipient Documentation Public Aid Recipient Documentation Proof of Alimony/Child Support Payments – If you are a single parent and claim you do not receive child support, you must submit legal documentation stating that you do not receive it. ☐ Unemployment Compensation Documentation Photocopy of a driver's license for all heads of household listed on the application.

(revised 6.2022)