



Enclosed is the 2020 SMILE Grant-In-Aid packet. As in the past, eligibility for assistance is based upon federal poverty level guidelines, family size, income levels and extenuating circumstances. Please be aware of the following application guidelines:

- Scholarships are issued on a PER HOUSEHOLD basis. A household is defined as all individuals residing at a single residential address, regardless of familial relations or marital status.
- All SMILE Grant-In-Aid recipients must reside within Park District of Highland Park boundaries.** Proof of residency is required for an application to be considered. Each adult 18+ residing in the household must provide a copy of their Driver’s License, State Issued ID or Temporary Visitor Driver’s License (TVDL) listing their current Highland Park address **AND** one of the following per household: Current property tax bill, current rent agreement, or 2 current utility bills (Only Electric, Gas, Water, or Trash Bills accepted).
- Full financial disclosures including tax returns, are required for all adults 18+ residing in the household. Please refer to the enclosed Application Checklist for a listing of required documents.
- SMILE Grant-in-Aid scholarships are valid for the year, expiring on December 31, 2020. Approved applicants must reapply for the following year in order to be considered for future scholarships.
- Households may only receive one scholarship per year.
- All information on the SMILE Grant-in-Aid application must be true and accurate. Any changes to financial status after a grant was approved **MUST** be reported promptly by the applicant. The Park District has the right to delay, deny, cancel or revoke a scholarship due to the lack of required documents, non-disclosure of assets and revenue or misuse of grant money.
- Grants cover either 50% or 100% of program fees.
- Approved applicants are eligible for **one program, per family member, per season**. The maximum amount of financial assistance that the Park District will subsidize in a grant year is based on the following:

Family Size	2020 SMILE GIA Scholarship Maximum (per family/year)
1	\$1,000
2	\$2,000
3	\$2,500
4+	\$3,000

- Each family member will be permitted to register for **one program per season** until the scholarship maximum has been reached. 2020 seasons and their registration dates will be as follows:

<u>Season</u>	<u>Registration Begins</u>	<u>Programs Meet</u>
2020 Winter Season	November 2019	January - March 2020
2020 Camp Season	December 2019	June - August 2020
2020 Spring Season	February 2020	April - June 2020
2020 Summer Season	April 2020	June- August 2020
2020 Fall Season	July 2020	August - Dec 2020

Scholarship may also be used for:

2020 Hidden Creek AquaPark Membership

2020 Recreation Center of Highland Park Annual Fitness Membership<sup>1</sup>

<sup>1</sup> Recreation Center Memberships paid for using 2020 SMILE Grant-In-Aid expire on December 31, 2020 and are ineligible for auto-renewal or installment billing plans.

10. Please do not register for programs until you receive your scholarship. **The Park District will not refund any money paid for a program prior to a scholarship approval.**
11. Each family's percentage (%) of contribution must be paid at the time of registration. There are no extended payment plans or billings; however, families may choose to utilize generally-applicable District-Wide payment plans for camp and select travel sports programs.

### **Application Procedures**

1. Complete, in full, the SMILE Grant-In-Aid Application and submit with the requested items listed on the enclosed Application Checklist. This checklist details all required and accepted forms of documentation necessary for your application. **Applications will not be considered without copies of all required documentation.**
2. **All Applicants are required to provide a copy of their 2019 tax return.**  
*If applying prior to April 2020, you may submit a copy of your 2018 taxes AND the most recent W2's/1099 forms from each employer for all wage earners. **If your scholarship is approved, you will be required to provide a copy of your 2019 tax return as soon as you have a copy on hand.***
3. *If you do not meet the minimum income requirements to file taxes, a signed and dated letter of explanation must be included with your application.*
4. **All adults 18 years of age and older who reside in the household must submit the documents on the checklist.** If a dependent is a student 18-21 years old, they must show proof that they are full-time college/secondary education students and this proof must be included with these documents (copy of the present semester's bill or other official document showing present enrollment).
5. All adults 18 years of age and older must show proof of residency in the form of a Valid Driver's License, State-Issued ID or Temporary Visitor Driver's License listing their current Highland Park address. Households must also provide one additional form of proof of residency from the following list: Current property tax bill, current rent agreement, or 2 current utility bills (Only Electric, Gas, Water, or Trash Bills accepted). Failure to submit these required documents will result in denial of the scholarship application.
6. Applications must be returned to West Ridge Center, c/o SMILE Grant-In-Aid, 636 Ridge Road, Highland Park, IL 60035
7. Upon submittal of the application, the Park District of Highland Park will notify the applicant by mail/email within 15 business days of their scholarship status.

Please call 847-579-3128 or email [scholarships@pdhp.org](mailto:scholarships@pdhp.org), if you have any questions about the SMILE Grant-In-Aid scholarship program.

SMILE Scholarship Team  
Park District of Highland Park



## SMILE Grant-In-Aid Application Processing Time

Kindly note that once a SMILE Grant-In-Aid application is submitted, it will take approximately **15 business days (3 weeks)** to process. Applications missing required documentation will further delay a decision beyond the 15 business day processing time.

If you choose to register for a program or membership prior to scholarship approval, any fees paid out-of-pocket will not be refunded. Additionally, all registration forms submitted with your scholarship application will remain unprocessed and returned along with the decision notification letter.

Approximate registration start dates are listed below. Please keep these dates in mind when submitting your application.

<u>Season</u>	<u>Brochure Delivered*</u>	<u>Registration Begins*</u>
Winter 2020	Week of November 4, 2019	November 13, 2019
Camp 2020	Week of November 25, 2019	December 4, 2019
Spring 2020	Week of February 3, 2020	February 12, 2020
Summer 2020	Week of April 20, 2020	April 29, 2020
Fall 2020	Week of July 13, 2020	July 22, 2020

\* Dates are approximate and are subject to change



## 2020 SMILE Grant-In-Aid Eligibility Scale

The Park District of Highland Park follows the Federal Poverty Guidelines to determine eligibility for the SMILE Grant-In-Aid Program. General income thresholds to receive financial assistance are based on and may not exceed the 225% and 275% Federal Poverty Level:

Household Size	100% Scholarship (225% Federal Poverty Level)	50% Scholarship (275% Federal Poverty Level)
Individual	\$28,103	\$34,348
Family of 2	\$38,048	\$46,503
Family of 3	\$47,993	\$58,658
Family of 4	\$57,938	\$70,813
Family of 5	\$67,883	\$82,968
Family of 6	\$77,828	\$95,123
Family of 7	\$87,773	\$107,278
Family of 8	\$97,718	\$119,433

All sources of income must be detailed on the attached scholarship application, including (but not limited to):

- Income/compensation from wages, salary, commissions or fees
- Self-employment income
- Social security
- Dividends or interest on savings or bonds or income from estates or trusts
- Rental income
- Public assistance or welfare payments
- Unemployment compensation
- Pensions or annuities
- Alimony or child support payments
- Royalties
- Regular contributions from persons not living in the household
- Other cash income (cash received or withdrawn from any source including savings, investments, trust accounts and other resources which would be available to pay for registration)

Other special circumstances or financial hardships will be considered on a case-by-case basis.

Before submitting your SMILE Grant-In-Aid application to the Park District, please review the required documents to submit with your application. Check off the boxes of the documents included with your application and provide a signature below.

Applications submitted without all required documentation will not be considered. Applicants are responsible for providing their own paper copies. Emailed documents will not be accepted!

**ALL ADULTS 18+ RESIDING IN HOUSEHOLD ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS (READ CAREFULLY):**

- Completed Application- Must be signed by each adult 18+ residing in household.
- Copy of your ENTIRE 2019 Federal Income Tax Return – Must list spouse and all dependents.
  - *If applying prior to April 2020, you may submit a copy of your 2018 taxes AND the most recent W2's/1099 forms from each employer for all wage earners. **If your scholarship is approved, you will be required to provide a copy of your 2019 tax return as soon as you have a copy on hand.***
  - *If you do not meet the minimum income requirements to file taxes, a signed and dated letter of explanation must be included with your application.*
- Copies of 3 most recent pay stubs from each wage earner residing in the household- Must show year-to-date gross income.
  - *If self-employed, a year-to-date profit/loss statement is required.*
  - *If unemployed, a written letter detailing all periods of unemployment in 2019/2020 AND a copy of the unemployment benefit approval document is required.*
- Proof of Residency – Each adult 18+ residing in the household must provide a copy of their valid State ID, Driver's License or Temporary Visitor Driver's License listing their current Highland Park address **-AND** one of the following: Current property tax bill, current rental agreement, or 2 current utility bills (Only Electric, Gas, Water, or Trash Bills accepted).
- Proof of Guardianship – If dependent is not listed on tax return, applicant must submit a copy of each child's birth certificate or a court ordered letter awarding guardianship.

**THE FOLLOWING SITUATIONS REQUIRE ADDITIONAL DOCUMENTATION:**

- Divorce/Separation – Applicant must provide legal documents regarding divorce/court orders or support arrangements listing the amount to be received. If you are a single parent and claim you do not receive child support, you must submit legal documentation stating you do not receive it.
- Investment Accounts – If you are earning interest on any investment accounts, your most recent statement showing the total value of the account is required.
- Public Aid, Social Security Benefits or Disability Compensation – Copies of recipient documentation AND 3 most recent statements/payments must be provided.
- College/Secondary Education Students or Adults Ages 18-21 – Must submit proof they are a full-time student. If not a full-time student, they must submit a written, signed statement indicating they are not employed and not in school.

**I have read this checklist and have enclosed all required documents as outlined by this list. I understand my application will be returned and/or denied without the proper required documentation.**

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



# Park District of Highland Park 2020 SMILE Grant-In-Aid Application

Office Use Only	
Date Rec'd	_____
Reviewed	_____
Letter Sent	_____
Registration Input	_____
Amount Awarded	_____
Level of Support	____% Initials ____

**New Applicant**                       **2019 Recipient**

Would you like future applications (please check one)     **Mailed**     **Emailed**

## Part I- Family Information

Applicant's Name: \_\_\_\_\_

First Last Birth Date

Spouse/Partner's Name: \_\_\_\_\_

First Last Birth Date

Marital Status:     Single     Married     Divorced     Separated     Widowed

Dependent Information (*List all other persons residing in household*)

First Name	Last Name	Birthdate	Age	Relationship to Applicant

*\*\* A dependent over 18 years old must also be a dependent on your tax return and show proof of either full-time student status or a copy of payment stubs. \*\**

Current Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Housing:     Homeowner     Rent     Living with family/friend     Other (Explain)

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**All applicants are required to provide proof of income, residency, and guardianship from this list.**

***Proof of Income:***

- 2019 income tax return -AND-
- 3 current pay stubs for **EACH** wage earner (including unemployment compensation)
- Signed/dated year-to-date profit & loss statement (if self-employed)

***Proof of Guardianship:***

- Income tax return listing child as a dependent

***Proof of Residency:***

- Valid Driver's license, State ID, or Temporary Visitor Driver's License for EACH adult 18+ residing in the household
- AND-**
- One of the following: Current property tax bill, current rent agreement or 2 current utility bills (Only Electric, Gas, Water, or Trash Bills accepted)

**Part II- Employment Information**

***ALL jobs MUST be listed for each adult 18+ residing in household.***

First & Last Name: \_\_\_\_\_

Employment Status:  Employed  Unemployed  Self-Employed  Other (Explain)

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

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Gross Yearly Income/Salary: \$ \_\_\_\_\_

Year-to-Date Gross Income: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Employment Status:  Employed  Unemployed  Self-Employed  Other (Explain)

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

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Gross Yearly Income/Salary: \$ \_\_\_\_\_

Year-to-Date Gross Income: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Employment Status:  Employed  Unemployed  Self-Employed  Other (Explain)

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

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Gross Yearly Income/Salary: \$ \_\_\_\_\_

Year-to-Date Gross Income: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Employment Status:  Employed  Unemployed  Self-Employed  Other (Explain)

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

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Gross Yearly Income/Salary: \$ \_\_\_\_\_

Year-to-Date Gross Income: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Part III- Financial Information**

(Must fill out completely. Each line REQUIRES a 'Yes' or 'No' answer.)

Currently or at any point in 2019, have you or anyone in your household received...

	No	Yes	
Public assistance?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ / month
Unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ / month
Social security benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ / month
Pension?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ / month
Disability payments?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ / month
Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ / month
Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ / month
Child support?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ / month
Other support (help or loans from family/friends, gifts, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ / month

Explain: \_\_\_\_\_  
\_\_\_\_\_

**Above questions marked yes require additional documentation/proof:**

**Public Assistance (including AFDC, All Kids Health Insurance, LINK, Food Stamps, School Lunch Program)**

- Copy of card, statement or letter of acceptance

**Unemployment, Social Security, Disability, Death Benefits, Child Support, and Alimony**

- Copy of 3 most recent statements/payments

	No	Yes	
Do you have any investment accounts?	<input type="checkbox"/>	<input type="checkbox"/>	Current Account Value: \$_____
Do you have any savings accounts?	<input type="checkbox"/>	<input type="checkbox"/>	Current Account Balance: \$_____
Do you have any checking accounts?	<input type="checkbox"/>	<input type="checkbox"/>	Current Account Balance: \$_____

**List all assets; auto, properties, etc. and their value. Include your home, even if you have a mortgage. (Use back page if necessary)**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Please note: Incomplete application or lack of documentation will result in delays and/or rejection of your application.**



**In order to complete your application, each adult 18+ must sign the following statement below:**

*I, the undersigned, in consideration for the opportunity to apply for a SMILE Grant-In-Aid Award, do hereby voluntarily grant permission to the Park District of Highland Park to obtain, receive, review, copy and inspect my personal financial information, including but not limited to income tax returns, and authorize any person with custody thereof to release my personal financial information by fax, telephone, mail or e-mail, to the Park District of Highland Park, its officers, employees and attorneys, solely for the purposes described in this application. I will complete all forms reasonably necessary to implement this release.*

*I fully understand that the personal financial information outlined in this application will be kept confidential by the Park District of Highland Park. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of Highland Park of any changes in financial status. I verify that the information submitted here is true and accurate to the best of my knowledge and that all income has been reported. I understand that Park District of Highland Park officials may verify this information, and deliberate misrepresentation of the information will result in forfeiture of future assistance privileges and possible program participation.*

**Each adult 18+ must sign below.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



The following programs **DO NOT QUALIFY** for Grant-In-Aid. Please have this list available when registering for any Park District Programs.

**District-Wide**

One-Day or Special Events  
Full-Year Programs  
Birthday Parties  
S.M.I.L.E. Events  
Dog Park Memberships  
Daily Admissions  
Merchandise (Uniforms/Costumes)  
Facility/Equipment Rentals  
Picnic Permits  
Beach/Boating Stickers

**Centennial Ice Arena/  
Hidden Creek Aqua Park**

Little Falcons Hockey  
Daily Fees/Admissions  
One-Day or Special Events  
Punch Passes

**Recreation Center**

Punch Passes  
Personal Training  
Swim Clubs/Teams  
Daily Fees/Admissions  
One-Day or Special Events

**West Ridge Programs**

Dance & Theater Classes  
Kindermusik  
Tae Kwon Do  
Karate  
Fencing  
Self-Defense Classes  
Magic Classes  
Private Lessons  
One-Day Programs or Special Events  
Full-Year Programs

**Heller Nature Center**

Team Building Course  
Daily Fees/Admissions  
One-Day or Special Events  
Full-Year Programs

**Deer Creek Racquet Club (Tennis)**

Tennis/Racquetball Memberships  
Private/Semi-Private Lessons  
Cardio Tennis  
Punch Passes  
Daily Fees/Admissions  
One-Day or Special Events

**Sunset Valley Golf Course**

Golf Membership  
Daily Fees/Admissions  
One-Day or Special Events

**Athletics**

Lacrosse Leagues/Clinics/Programs  
Volleyball Lessons and Travel House League  
Team Registrations  
All Star Sports (3-6 yrs)  
Parent & Tot All Star Sports  
Adult Athletic Leagues (Except Individual Registrations)  
Chicago Fire Soccer Clinics  
Little Giants Summer Baseball Camp  
Softball Skills Camps/Clinics  
Parent & Tot Super Sports  
Track and Field Events  
Running Camp  
Basketball Academy  
One-Day or Special Events

**PLEASE NOTE: OTHER PROGRAMS MAY BE ADDED TO THIS LIST AT ANY TIME.**



***For your own protection, please REDACT any social security numbers on all tax and payment documents. The Park District of Highland Park's Identity Protection Policy is as follows:***

#### **5.25 PROTECTION POLICY**

This policy is enacted in compliance with the Illinois Identity Protection Act, 5 ILCS 179/1 et seq. (the "Act"), which requires all local governmental agencies to draft and approve an identity protection policy. In conformance with the provisions of said Act:

5.25.1 All employees who have access to social security numbers in the course performing their duties shall be required to attend training on the protection of confidentiality of social security numbers. The training will include instructions on the proper handling of information that contains social security numbers from the time of collection through the destruction of the information.

5.25.2 Only employees who are required for the performance of their essential job duties to use or handle information or documents that contain social security numbers may access such information or documents.

5.25.3 Any request for social security numbers from individuals shall be done in a manner that allows the social security number to be easily redacted if a document is required to be released as part of a public records request.

5.25.4 Any request for social security numbers from individuals shall include a statement of the purpose or purposes for which the social security number is being collected and used. The Park District's Statement of Purpose may be acquired from the Park District's administrative office.

5.25.5 A written copy of this policy shall be filed with and maintained on file by the Board Secretary of the Park District of Highland Park.

5.25.6 This policy shall be made available to any member of the public upon request.

5.25.7 Violation of the provisions of this policy by employees of the Park District of Highland Park shall be grounds for discipline up to and including dismissal.