



Enclosed is the 2022 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 pages 2-3 of the scholarship application for a listing of required documents.
- SMILE Grant-in-Aid scholarships are valid for the year, expiring on December 31, 2022. 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. 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 | 2022 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. 2022 seasons and their registration dates will be as follows:

| <u>Season</u> | <u>Registration Begins</u> | <u>Programs Meet</u> |
|--------------------|----------------------------|----------------------|
| 2022 Winter Season | November 2021 | January - March 2022 |
| 2022 Camp Season | December 2021 | June - August 2022 |
| 2022 Spring Season | February 2022 | April - June 2022 |
| 2022 Summer Season | April 2022 | June- August 2022 |
| 2022 Fall Season | July 2022 | August - Dec 2022 |

Scholarship may also be used for:

- 2022 Hidden Creek AquaPark Membership
- 2022 Recreation Center of Highland Park Annual Fitness Membership¹

¹ Recreation Center Memberships paid for using 2022 SMILE Grant-In-Aid expire on December 31, 2022 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 required documentation. **Applications will not be considered without copies of all required documentation.**
2. **All Applicants are required to provide a copy of their 2021 tax return.** *If applying prior to April 2022, you may submit a copy of your 2020 taxes AND the most recent W2's/1099 forms from each employer for all wage earners. 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.*
3. 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.
4. 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).
5. Applications must be returned to the Recreation Center of Highland Park, c/o SMILE Grant-In-Aid, 1207 Park Avenue West, Highland Park, IL 60035
6. 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 847-579-3101 or email scholarships@pdhp.org, if you have any questions about the SMILE Grant-In-Aid scholarship program.



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>Registration Begins</u> |
|---------------|----------------------------|
| Winter 2022 | Early November 2021 |
| Camp 2022 | Early December 2021 |
| Spring 2022 | Mid-February 2022 |
| Summer 2022 | Late April/Early May 2022 |
| Fall 2022 | Mid-Late July 2022 |



2022 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 | \$28,980 | \$35,420 |
| Family of 2 | \$39,195 | \$47,905 |
| Family of 3 | \$49,410 | \$60,390 |
| Family of 4 | \$59,625 | \$72,875 |
| Family of 5 | \$69,840 | \$85,360 |
| Family of 6 | \$80,055 | \$97,845 |
| Family of 7 | \$90,270 | \$110,330 |
| Family of 8 | \$100,485 | \$122,815 |

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.



Park District of Highland Park 2022 Grant-In-Aid Application

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

New Applicant
 2021 Recipient

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

Part I- Family Information

Applicant's Name: _____
First
Last
Birth Date

Current Address: _____ Apt #: _____

City: _____ Zip: _____

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

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Please list each person residing in your household, including any dependents:

| First & Last Name | Birthdate | Age | Relationship to Applicant | Employment Status |
|-------------------|-----------|-----|---------------------------|---|
| | | | | <input type="checkbox"/> Child/Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay at Home Parent or Caregiver <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ |
| | | | | <input type="checkbox"/> Child/Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay at Home Parent or Caregiver <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ |
| | | | | <input type="checkbox"/> Child/Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay at Home Parent or Caregiver <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ |
| | | | | <input type="checkbox"/> Child/Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay at Home Parent or Caregiver <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ |
| | | | | <input type="checkbox"/> Child/Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay at Home Parent or Caregiver <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ |
| | | | | <input type="checkbox"/> Child/Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay at Home Parent or Caregiver <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ |
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| | | | | <input type="checkbox"/> Child/Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay at Home Parent or Caregiver <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ |

Part II- Employment & Financial Information

Please list the current employment and financial information of all working individuals in your household. If there are more than 2 wage earners in your household, please list their employment information on the back of the application.

Name: _____

Employer: _____ Title/Position: _____

Address/City/Zip: _____ Telephone: _____

Gross Yearly Income/Salary: \$ _____ Year-to-Date Gross Income: \$ _____
as of date ____/____/____

Name: _____

Employer: _____ Title/Position: _____

Address/City/Zip: _____ Telephone: _____

Gross Yearly Income/Salary: \$ _____ Year-to-Date Gross Income: \$ _____
as of date ____/____/____

Do you or your spouse have any investment accounts? No Yes - Account Value: \$ _____

Do you or your spouse have a savings account? No Yes - Account Balance: \$ _____

Do you or your spouse have a checking account? No Yes - Account Balance: \$ _____

Do you or your spouse receive a monthly pension? No Yes: \$ _____/month

Other Sources of Income (please explain):

Part III – Required Documentation

The following documents are required to submit with your application. Application will be denied without proper documentation.

- Proof of Residency – Each adult 18+ residing in 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 for the household:
 - Current property tax bill, current rental agreement, or 2 current utility bills (electric, gas, water or trash)
- Copy of most recent Federal Income Tax Return (2021 or 2020) – Must list spouse and all dependents. *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. If dependent is not listed on tax return, applicant will be asked to provide proof of guardianship.*
- Copy of 3 most recent pay stubs from each wage earner residing in household. Must show year-to-date gross income. If self-employed, a year-to-date profit/loss statement is required.

Part III (Continued) – Required Documentation

The following additional documents will help determine financial assistance and **may expedite approval**. Please check assistance you are currently receiving and attach only those documents.

- Public Aid / Cash (Copy of document including amount received) Case # _____
- SNAP / food stamps (Copy of approval document) Case # _____
- Medical assistance HFS, WIC, etc (copy of medical eligibility given as proof at a doctor's office)
- School lunch program (copy of school approval letter)
- HUD / Subsidized Housing (copy of lease or lease amendment)
- Unemployment benefits (copy of UI benefit approval document)
- Child support, alimony (copy of court documents listing amount to be received)
- Social security, disability or death benefits (copy of recipient documentation showing monthly benefit amount)
- Other benefits or sources of aid (including help from family/friends) – Please explain:

- Excessive medical bills - Please explain:

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

In order to complete the application, applicant and their spouse/partner 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.

Please sign:

Applicant's Signature

Date

Spouse/Partner'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
Packaged Freestyle Ice

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
Coding
Nexplore Programs

Heller Nature Center

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

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

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)
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.