



Enclosed is the 2023 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:

1. 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.
2. Households may only receive one scholarship per year.
3. **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.
4. 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 and additional documents.
5. SMILE Grant-in-Aid scholarships are valid for the calendar year, expiring on December 31, 2023. Approved applicants must reapply for the following year in order to be considered for future scholarships.
6. 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.
7. Grants cover either 50% or 100% of program fees.
8. Approved applicants are eligible for **one program, per family member, per season** until the scholarship maximum has been reached. 2023 HCAP and RCHP memberships are also available¹. The maximum amount of financial assistance that the Park District will subsidize in a grant year is based on the following:

Family Size	2023 SMILE GIA Scholarship Maximum (per family/year)
1	\$1,000
2	\$2,000
3	\$2,500
4+	\$3,000

9. 2023 seasons and their registration dates will be as follows:

<u>Season</u>	<u>Registration Begins</u>	<u>Programs Meet</u>
2023 Winter Season	November 2022	January - March 2023
2023 Camp Season	December 2022	June - August 2023
2023 Spring Season	February 2023	April - June 2023
2023 Summer Season	April 2023	June- August 2023
2023 Fall Season	July 2023	August - Dec 2023

10. 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.

Kindly note that once a SMILE Grant-In-Aid application is submitted, it will take approximately 15 business days (3 weeks) to review and process. Applications missing any required documentation will not be considered or reviewed until all documentation is received. 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.

¹ Recreation Center Memberships paid for using 2023 SMILE Grant-In-Aid expire on December 31, 2023 and are ineligible for auto-renewal or installment billing plans.

Application Procedures

1. Complete, in full, the SMILE Grant-In-Aid Application and submit with the 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 or 2022 Federal Income Tax Return. Must list spouse and all dependents. If applying prior to April 2023, you must submit a copy of your 2021 federal tax return. If you did not file taxes for 2021 or 2022, please submit an IRS Account Transcript Form from <https://www.irs.gov/individuals/get-transcript>. If dependent is not listed on tax return, applicant will be asked to provide proof of guardianship.**
3. All adults 18 years of age and older in the household 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 current property tax bill or current rental agreement OR two current utility bills (electric, gas, trash or water)
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 (3 weeks) of their scholarship status.

Please REDACT any social security numbers and account numbers from any documents.

2023 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 according to the US Department of Agriculture Income Guidelines:

Household Size	100% Scholarship (225% Federal Poverty Level)	50% Scholarship (275% Federal Poverty Level)
Individual	\$30,578	\$37,373
Family of 2	\$41,198	\$50,353
Family of 3	\$51,818	\$63,333
Family of 4	\$62,438	\$76,313
Family of 5	\$73,058	\$89,293
Family of 6	\$83,678	\$102,273

The following is the definition of income: Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay for registration.



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
Tae Kwon Do
Karate
Kindermusik
Fencing
Self-Defense Classes
Magic Classes
One-Day Programs or Special Events

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.



Park District of Highland Park 2023 Grant-In-Aid Application

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

New Applicant 2022 Recipient

Part I- Family Information

Applicant's Name and Birthdate: _____

Home Address: _____ Apt #: _____

City: _____ Zip: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Please list each person residing in your household, including and all 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/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/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/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/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/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/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/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 this application.*

Name: _____

Employer: _____ Title/Position: _____

Address/City/Zip: _____ Telephone: _____

Name: _____

Employer: _____ Title/Position: _____

Address/City/Zip: _____ Telephone: _____

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. *Please REDACT any social security numbers and account numbers from any documents.*

- Proof of Residency – Each adult 18+ residing in the household must provide a copy of their valid State ID, Driver’s License or Temporary Driver’s License listing their current Highland Park address
- One current property tax bill or current rental agreement OR two current utility bills (electric, gas, trash or water)
- Copy of most recent Federal Income Tax Return (2021 or 2022) – Must list spouse and all dependents. If you did not file taxes for 2021 or 2022, please submit an IRS Account Transcript Form from <https://www.irs.gov/individuals/get-transcript>. *If dependent is not listed on tax return, applicant will be asked to provide proof of guardianship.*
- Copy of 2 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 IV – Additional Documentation

The following additional documents will help determine financial assistance and may expedite approval. Please check which assistance you are currently receiving and attach only those documents. *Please REDACT any social security numbers and account numbers from any 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 given 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