



Enclosed is the 2024 FYI 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 FYI Grant-In-Aid recipients must reside within City of Highwood boundaries.** Scholarships are for those in Kindergarten through 12<sup>th</sup> grade in District 112 and District 113 schools. Proof of residency is required for an application to be considered. 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 page 1 of the scholarship application for a list of required and additional documents.
5. FYI Grant-In-Aid scholarships are valid for the calendar year, expiring on December 31, 2024. Approved applicants must reapply for the following year in order to be considered for future scholarships.
6. All information on the FYI 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% of program fees.

Number of Students	2024 FYI GIA Scholarship Maximum (per family/year)
1	\$1,000
2	\$2,000
3	\$2,500
4+	\$3,000

8. 2024 seasons and their registration dates will be as follows:

<u>Season</u>	<u>Registration Begins</u>	<u>Programs Meet</u>
2024 Winter Season	November 8, 2023	January - March 2024
2024 Camp Season	December 6, 2023	June - August 2024
2024 Spring Season	February 14, 2024	April - June 2024
2024 Summer Season	May 1, 2024	June- August 2024
2024 Fall Season	July 17, 2024	August - Dec 2024

9. 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 FYI Grant-In-Aid application is submitted, it will take approximately 10 business days (2 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.**

## Application Procedures

1. Complete, in full, the FYI 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 2022 or 2023 Federal Income Tax Return. Must list spouse and all dependents. If applying prior to April 2024, you must submit a copy of your 2022 federal tax return. If you did not file taxes for 2022 or 2023, 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 one current utility bill (electric, gas, trash or water)
5. Applications must be returned to the Recreation Center of Highland Park, c/o FYI 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 10 business days (2 weeks) of their scholarship status.

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

## 2024 FYI Grant-In-Aid Eligibility Scale

The Park District of Highland Park follows the Federal Poverty Guidelines to determine eligibility for the FYI 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	50% Scholarship (225% Federal Poverty Level)
Individual	\$32,805
Family of 2	\$44,370
Family of 3	\$55,935
Family of 4	\$67,500
Family of 5	\$79,065
Family of 6	\$90,630

**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**

Full-Year Programs  
Birthday Parties  
SMILE Events  
Dog Park Memberships  
Daily Admissions  
Merchandise (Uniforms/Costumes)  
Facility/Equipment Rentals  
Picnic Permits  
Boating Stickers

**Centennial Ice Arena**

Little Falcons Hockey  
Daily Fees/Admissions  
Punch Passes  
Packaged Freestyle Ice

**Hidden Creek Aqua Park**

Daily Fees/Admissions  
Punch Passes

**Recreation Center**

Punch Passes  
Personal Training  
Daily Fees/Admissions

**West Ridge Programs**

Self-Defense Classes

**Heller Nature Center**

Team Building Course  
Daily Fees/Admissions

**Deer Creek Racquet Club**

Tennis/Racquetball Memberships  
Private/Semi-Private Lessons  
Cardio Tennis  
Punch Passes  
Daily Fees/Admissions

**Sunset Valley Golf Course**

Daily Fees/Admissions

**Athletics**

Back-to-School Basketball Camps  
Track and Field Events  
Long Distance Running Camps  
Team Registrations  
Volleyball Travel/House League  
Adult Athletic Leagues  
\*(Except Individual Registrations)  
Tae Kwon Do  
Karate  
Fencing

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

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# Park District of Highland Park 2024 FYI Grant-in-Aid Application

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

## 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 yourself 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"/> Other _____
				<input type="checkbox"/> Child/Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <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"/> Other _____
				<input type="checkbox"/> Child/Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <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"/> Other _____
				<input type="checkbox"/> Child/Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____

## Part II – 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 – All adults 18 years and older 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 one current utility bill (electric, gas, trash or water)
- Copy of most recent Federal Income Tax Return (2022 or 2023). If you did not file taxes for 2022 or 2023, please submit an IRS Account Transcript Form from <https://www.irs.gov/individuals/get-transcript>.
- Copy of two (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 III - Employment & Financial Information**

**Please list the current employment and financial information of all working individuals in your household. *If there are more than two 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: \_\_\_\_\_

**Please review the following, check, and complete all that apply. Attach respective documents showing approval, eligibility and amount received. The following additional documents will help determine financial assistance and may expedite approval. Please **REDACT** any social security numbers and account numbers from any documents.**

**Income**

**Expenses**

- Investment Accounts \$ \_\_\_\_\_
- Savings/Checking Accounts \$ \_\_\_\_\_
- Monthly Pension \$ \_\_\_\_\_/mo
- Child Support/Alimony \$ \_\_\_\_\_/mo
- HUD/Subsidized Housing \$ \_\_\_\_\_/mo
- Social Security/Disability/Death Benefits \$ \_\_\_\_\_/mo
- Public Aid \$ \_\_\_\_\_/mo
- Cash/SNAP \$ \_\_\_\_\_/mo
- Unemployment \$ \_\_\_\_\_/mo
- School Lunch Program
- \*Other \$ \_\_\_\_\_/mo

- Rent/Mortgage \$ \_\_\_\_\_/mo
- Car Payments \$ \_\_\_\_\_/mo
- \*Excessive Medical Bills \$ \_\_\_\_\_/mo
- \*Other \$ \_\_\_\_\_/mo

\*Other Income or Expenses (please explain):

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**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 certify that the above information is true, accurate and all income is reported to the best of my knowledge. This information is being given to the Park District of Highland Park as application for financial assistance/scholarship only and will remain confidential. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of Highland Park of any changes in financial status. Park District officials may verify the information on the application 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**

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