



Enclosed is the 2026 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 page 1 of the scholarship application for a list of required and additional documents.
5. If applicable, any remaining **2025** funds **cannot** be used to pay for programs that begin in **2026**.
6. 2026 Funds that become available in 2025, may only be used for 2026 programs and memberships. SMILE Grant-In-Aid scholarships are valid for the 2026 calendar year, expiring on December 31, 2026.
7. 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.
8. Grants covers 100% of program fees up to the maximum amount given.

Family Size	2026 SMILE GIA Scholarship Maximum (per family/year)
1	\$1,000
2	\$2,000
3	\$3,000
4	\$4,000
5+	\$5,000

9. If, for any reason, you will not be utilizing the full amount of funds received for SMILE, please contact us so we may reallocate the unused funds to assist other families in need.
10. 2026 seasons and their registration dates will be as follows:

Season	Registration Begins	Programs Meet
2026 Winter Season	November 5, 2025	January - March 2026
2026 Camp Season	November 19, 2025	June - August 2026
2026 Spring Season	February 11, 2026	April - June 2026
2026 Summer Season	April 29, 2026	June- August 2026
2026 Fall Season	July 15, 2026	August - December 2026

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.

Kindly note that once a SMILE 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 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 2024 or 2025 1040 Form from your Federal Income Tax Return.** *Must list spouse and all dependents. If applying prior to April 2026, you must submit a copy of your 2024 federal tax return. If you are applying after April 2026, you must submit a copy of your 2025 federal tax return. If you did not file taxes for 2024 or 2025, 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 Park Fitness, c/o SMILE Grant-In-Aid, 1207 Park Ave 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.

2026 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 290% above the Federal Poverty Level according to the US Department of Agriculture Income Guidelines:

Household Size	Current Poverty Level	100% Scholarship (290% Federal Poverty Level)
Individual	\$15,650	\$45,385
Family of 2	\$21,150	\$61,335
Family of 3	\$26,650	\$77,285
Family of 4	\$32,150	\$93,235
Family of 5	\$37,650	\$109,185
Family of 6	\$43,150	\$125,135

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, 1commissions, 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 **MAY NOT QUALIFY** for Grant-In-Aid. Please have this list available when registering for any Park District Programs.

District-Wide

Birthday Parties
Daily Admissions
Merchandise (Uniforms/Costumes)
Facility/Equipment Rentals
Picnic Permits
Boating Stickers
Punch Passes

Centennial Ice Arena

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

Hidden Creek Aqua Park

Daily Fees/Admissions
Punch Passes

Park Fitness

Punch Passes
Personal Training
*(Except Intro to P.A.R.K. Fitness for
ages 13-14)
Daily Fees/Admissions

Heller Nature Center

Team Building Course

Deer Creek Racquet Club

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

Sunset Valley Golf Course

Daily Fees/Admissions

Athletics

Track and Field Events
Team Registrations
Volleyball Travel/House League
Adult Athletic Leagues
*(Except Individual Registrations)

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

[THIS PAGE IS INTENTIONALLY LEFT BLANK]



Park District of Highland Park 2026 SMILE 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 may be denied without proper documentation. If assistance is needed in collecting the required documentation, let us know how we may be of assistance. *Please REDACT any social security numbers and account numbers from any documents before submitting the application.*

- ☐ 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 1040 Form from your Federal Income Tax Return (2024 or 2025). If you did not file taxes for 2024 or 2025, 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 before submitting application.**

Income

- | | |
|--|--------------|
| <input type="checkbox"/> Investment Accounts | \$ _____ |
| <input type="checkbox"/> Savings/Checking Accounts | \$ _____ |
| <input type="checkbox"/> Monthly Pension | \$ _____/mo. |
| <input type="checkbox"/> Child Support/Alimony | \$ _____/mo. |
| <input type="checkbox"/> HUD/Subsidized Housing | \$ _____/mo. |
| <input type="checkbox"/> Social Security/Disability/Death Benefits | \$ _____/mo. |
| <input type="checkbox"/> Public Aid | \$ _____/mo. |
| <input type="checkbox"/> Cash/SNAP | \$ _____/mo. |
| <input type="checkbox"/> Unemployment | \$ _____/mo. |
| <input type="checkbox"/> School Lunch Program | |
| <input type="checkbox"/> *Other | \$ _____/mo. |

Expenses

- | | |
|---|--------------|
| <input type="checkbox"/> Rent/Mortgage | \$ _____/mo. |
| <input type="checkbox"/> Car Payments | \$ _____/mo. |
| <input type="checkbox"/> *Excessive Medical Bills | \$ _____/mo. |
| <input type="checkbox"/> *Other | \$ _____/mo. |

*Other Income or Expenses (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 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

[THIS PAGE IS INTENTIONALLY LEFT BLANK]