



Enclosed is the 2026 Lois & Edmond Zisook Scholarship 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 Zisook scholarship recipients must reside within Park District of Highland Park or City of Highwood 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. Zisook scholarships are valid for the calendar year, expiring on December 31, 2026. Approved applicants must reapply for the following year in order to be considered for future scholarships.
6. All information on the Zisook scholarship 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. Zisook scholarship covers \$1000 towards High Tide, Low Tide camp only.
8. If, for any reason, you will not be utilizing the full amount of funds received for High Tide, Low Tide camp, please contact us so we may reallocate the unused funds to assist other families in need.
9. 2026 camp season and its registration date will be as follows:

<u>Season</u>	<u>Registration Begins</u>	<u>Programs Meet</u>
2026 Camp Season	November 19, 2025	June - August 2026
10. Each family's amount 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 Zisook scholarship 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 Zisook Scholarship 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/Highwood 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 Zisook Scholarship, 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 Zisook Scholarship Eligibility Scale

The Park District of Highland Park follows the Federal Poverty Guidelines to determine eligibility for the Zisook Scholarship. General income thresholds to receive financial assistance are based on and may not exceed the 290% above the Federal Poverty Level according to the US Department of Agriculture Income Guidelines:

Household Size	Current Poverty Level	\$1000 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, 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.



# Park District of Highland Park 2026 Lois & Edmond Zisook 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 required documentation, let us know how we may be of assistance. *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 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.**

#### **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):

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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:**

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**Applicant's Signature**

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**Date**

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**Spouse/Partner's Signature**

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**Date**

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