



FINANCIAL ASSISTANCE SCHOLARSHIP GUIDELINES FISCAL YEAR 2018

Dear **OAK PARK/RIVER FOREST** Youth Serving Agency/Organization:

Youth Services of Oak Park and River Forest Townships (YS) will provide scholarships for youth and their families for programs initiated between April 1, 2017 and March 31, 2018. The Financial Assistance Scholarship (FAS) program promotes opportunities for Oak Park and River Forest youth and their families to obtain needed services and to participate in alternative activities.

PROCESS:

- The enclosed FAS form must be completed for each child/family and for each program.
- **The FAS form must be completed by the referring agency/organization, not by the individual/family.**
- **Referral person must verify applicant's income with paycheck stub, tax return, or other appropriate document.** This information requires verification before Youth Services can approve the request. *As the referral person, it is your responsibility to ensure the applicant is eligible for the scholarship, and verification of income, along with residency and age, is the main eligibility factor.* **Do not send income documentation with the application.**
- The parent/guardian needs to sign the income verification form, with the family size/income circled.
- YS will notify the referring agency/organization in writing of the approved amount of the scholarship after receiving the completed FAS form.
- The referring agency/organization is responsible for making sure the child/family registers for the program.
- In order for the request to be reviewed, the referring agency/organization must submit:
 - A copy of the completed registration form
 - Completed FAS application (Page 2 of this document)
 - Completed Income verification Form (Page 3 of this document)
- The approved amount, the payee (cannot be the family nor an individual), and remittance address should be clearly noted.
- **If interested in OPRFHS summer school/sports camps or Park District of Oak Park program**, please consult with these agencies directly as they have their own process and application for scholarships.

GUIDELINES:

- **Assistance is limited up to \$250/child and \$500/family annually** (April 1, 2017 - March 31, 2018).
- All requests for payment must be in the YS office prior to March 31, 2018. **The referring agency/organization must contact the agency/organization sponsoring or administering the program**, to inquire about their scholarship assistance, cost of program, etc. prior to submitting request to YS. Include this information on the FAS Request Form.
- **All financial aid requests must be submitted prior to the start of the program. No reimbursements will be made and any applications submitted for payment after the programs completion will not be accepted.**
- The program must not discriminate based upon race, religious belief or affiliation, national origin, sexual orientation, or mental or physical disabilities.

ELIGIBILITY REQUIREMENTS

- The family must reside in either Oak Park or River Forest OR the applicant must attend school in either Oak Park or River Forest.
 - Oak Park:** must be 9 years of age and not more than 17 years of age at the start of the program.
 - River Forest:** must be 5 years of age and not more than 17 years of age at the start of the program.
- **The family must contribute to the program costs.** (Ideally, the family would contribute one-third and the sponsoring or referring agency/organization would contribute one-third.)
- **The family's income should not exceed FAS Income Guidelines** (see income verification form).

We appreciate your assistance in giving youth and families in Oak Park and River Forest the opportunity to be involved in an activity, who are not financially able to participate. We can honor requests that meet the above categories as long as resources are available. Thank you for your participation in this program.

If you have any questions, please contact Ashley Szeto at 708-445-2727.

DATE: _____

**Youth Services, Oak Park and River Forest Townships
2018 Financial Assistance Scholarship (FAS) Request Form**

(For programs initiated between April 1, 2017 - March 31, 2018)

Requirements for Financial Assistance Scholarship (all requirements must be met):

- 1. **Age:** 9-17 if child resides in Oak Park, 5-17 if in River Forest at the start of the program
- 2. **Residency:** family must reside in either OP or RF; or child attends school in OP or RF
- 3. **Payments:** family must pay a portion of the program cost
- 4. **Income:** eligibility is determined by Free and Reduced Lunch Guidelines (see attached).

The **REFERRING AGENCY** (not individual/family) must complete a new form for each child/family and for each program.

APPLICANT INFORMATION

Last Name: _____ First: _____

Street Address: _____ City: _____

School: _____ Date of Birth: _____

Name of **program** applicant is applying for: _____

Name of **agency** where program is held/administered: _____ Phone: _____

When will the program begin/end (necessary to determine funding period)? _____

TOTAL COST OF PROGRAM.....\$ _____

Amount of the family will pay.....\$ _____

Amount of other assistance from agency or other source...\$ _____ Source: _____

Amount of FAS REQUEST from Youth Services.....\$ _____ (cannot exceed \$250.00)

REFERRAL INFORMATION - Referral must verify applicant's income with a paycheck stub, tax return, or other appropriate document and indicate the income level on the income verification form.

Name of referral person: _____ Phone: _____

Email address of referral person: _____

Family Situation: (Circle all that apply. Income should not exceed guidelines and family must pay a portion of the cost)

Single Parent	Part-time Employment
Child is Disabled	Unemployed
Parent is Disabled	Child Needs Program (please explain below)
Other:	

NOTE: *Financial Assistance Scholarships provide funds to be applied specifically to registration fees. Unfortunately, we are unable to apply these funds towards various extras, such as uniform fees, equipment, etc.*

Please email completed application and income form to aszeto@oakparktownship.org or fax to (708) 383-8062

Youth Services of Oak Park and River Forest Townships 2018 Financial Assistance Scholarship (FAS) Income Guidelines

Return signed and completed form with application and registration form to Youth Services

→ *Note: Referral person must verify applicant's income with paycheck stub, tax return, or other appropriate document.*

Income level must be *equal to or less than* the amounts listed for each of the pay periods, in order for your child to be eligible for the scholarship. You will need to present documentation verifying your income.

Household Size	Yearly Income	Monthly Income	Every Two Weeks	Weekly Income
1	21,775	1,815	838	419
2	29,471	2,456	1,134	567
3	37,167	3,098	1,430	715
4	44,863	3,739	1,726	863
5	52,559	4,380	2,022	1,011
6	60,255	5,022	2,318	1,159
7	67,951	5,663	2,614	1,307
8	75,647	6,304	2,910	1,455
Each additional family member add	+7,696	+642	+296	+148

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) social security; (4) dividends or interest on savings or bonds or income from estates or trusts; (5) net rental income; (6) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employment or military annuities; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties ; and (13) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources that would be available.

OR

If your family is faced with extraordinary bills, obligations or other responsibilities please indicate below, explaining that because of these, payment of fees is not possible at this time.

Dated this _____ day of _____ 17/18

Signature of Applicant's Parent/Legal Guardian

Referral Phone #

Applicant's Name

Public Aid # (if applicable)

Address

Signature of Referral Person

City/State/Zip