



# FINANCIAL ASSISTANCE APPLICATION 2018 - 2019

*\*Residents of a WDSRA or NEDSRA member district who meet eligibility criteria (next page) may apply for financial assistance\**

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Park District \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Primary Disability \_\_\_\_\_

Number of individuals living in household \_\_\_\_\_ Number of individuals in the household employed \_\_\_\_\_

Do you receive Public Aid (Y/N) \_\_\_\_\_ If Yes, please provide Aid # \_\_\_\_\_

Do you receive Link/SNAP (Y/N) \_\_\_\_\_ If Yes, please provide Case # \_\_\_\_\_

Participant of Federal School Lunch Program (Y/N) \_\_\_\_\_ If Yes, school attending \_\_\_\_\_

**Does anyone in your household receive income from any of the following sources? (Check all that apply and specify amount.)**

Social Security	\$ _____ /Month	Public Aid	\$ _____ /Month
SSI Disability	\$ _____ /Month	Child Support	\$ _____ /Month
Workers' Compensation	\$ _____ /Month	Pension	\$ _____ /Month
Alimony	\$ _____ /Month	Home based waiver	\$ _____ /Month

Average Monthly employment income from all sources (from above) \$ \_\_\_\_\_

Annual Household income from all sources \$ \_\_\_\_\_

**Please attach a copy of last year's Tax Return Form 1040 (REQUIRED FOR APPLICATION ACCEPTANCE\*)**

Please explain any other financial difficulties (extensive medical bills, etc.) \_\_\_\_\_

Synergy assists as many individuals as possible through the fee assistance program. As a result, please indicate the percentage of program fees you can cover (i.e., 60% or a \$ amount) \_\_\_\_\_

**Payment Plan** – After scholarships have been applied, you are responsible for the remaining balance. If the full balance cannot be paid before the program begins, please call the office to arrange a payment plan. Total amount due must be paid in full or have a payment plan setup with credit card on file before participation for that season may occur.

*I understand this application is confidential and not public record. I also understand this application will be evaluated by either NEDSRA or WDSRA to determine qualification for financial assistance (qualifications on reverse). I will make Synergy Adaptive Athletics aware of any financial changes that differ from information provided above. All of the information provided is accurate and verifiable.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

For office use only	
Date app received _____	Reviewed by _____
Agency review _____	Amount Awarded _____
Date Awarded _____	Date Notification Sent to Synergy _____

Synergy Adaptive Athletics along with NEDSRA and WDSRA believes that everyone should have the opportunity to enjoy and participate in recreational opportunities. We will attempt to provide equal opportunities for residents with financial hardship, through the provision of programs with inexpensive fees as well as through financial assistance. All of the funds for financial assistance are obtained through fundraising campaigns. Each season/year the amount available for this purpose will vary and NEDSRA and WDSRA can cease the distribution of financial assistance at any time and without warning.

Persons requesting financial assistance must complete the appropriate application form and **return to Synergy Adaptive Athletics**. New applications will be accepted at any time. All information submitted is confidential and not a matter of public record; however, information may be checked and verified.

***Since Synergy Adaptive Athletics is a collaborative program of NEDSRA and WDSRA listed below are the guidelines for each agency. Applicants will be awarded scholarship monies from the agency who serves their community. If you do not reside in any of the communities served by either NEDSRA or WDSRA you are not eligible for scholarships.***

**A new application will be required each calendar year to determine financial assistance.**



### **NEDSRA Financial Assistance Guidelines**

(Addison, Bensenville, Butterfield, Glendale Heights, Itasca, Lombard, Medinah, Oakbrook Terrace, Schiller Park, Villa Park, Wood Dale)

- Must be a NEDSRA resident with a disability
- Percentage of fee assistance granted is based on need and availability of funds.
- Fee assistance is awarded at not more than 50% of the program fee for a maximum of two programs per season. Annual maximum is \$300 per person. Summer day camp assistance will be considered outside of this limit but is still subject to 50%.
- Fee assistance is not awarded for travel or overnight trips.
- There is a two-week processing period for your application. Submit early to avoid delay in participation.
- Balances from prior season(s) must be paid in full before new registrations will be accepted.
- Please contact Nora Sandoval at NEDSRA with any questions, 1-630-620-4500, ext. 4010.



### **WDSRA Financial Assistance Guidelines**

(Bloomingdale, Carol Stream, Glen Ellyn, Naperville, Roselle, Warrenville, West Chicago, Wheaton, Winfield)

- Must be a WDSRA resident with a disability.
- Percentage of fee assistance granted is based on need and availability of funds.
- Balances from prior season(s) must be paid in full before new registrations will be accepted.
- When choosing a payment plan, first payment must be made before programs begin.
- Fee assistance is awarded for a maximum of 50% per program, not exceeding \$100 per program. Participants are eligible for up to three (3) programs per season.
- All information provided must be accurate and verifiable.
- Please contact the front office at WDSRA for additional information 630-681-0962

**\*\*SUPPORTING DOCUMENTATION MUST BE ATTACHED FOR SCHOLARSHIP APPLICATION TO BE ACCEPTED\*\***