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## Confidential Scholarship Application

The SSSRA Scholarship Policy is as follows:

1. Scholarships are for **residents with disabilities** only.
2. Deposit is required for scholarships.
3. Scholarships are based on need and availability of funds.
4. Scholarships are usually awarded for a maximum of two programs per season.
5. The maximum scholarship award is 50% of the fee for each program.  
The amount of the award may be less than 50% of the fee.
6. No scholarships are awarded for Summer Day Camp Transportation, unless stated otherwise in the summer brochure.
7. All balances are due by the registration deadline of the following season.

Name of Participant(s) \_\_\_\_\_

Birthdate(s) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Disability/Special Need \_\_\_\_\_  
\_\_\_\_\_

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

Number of individuals who live in the household who are employed \_\_\_\_\_

Does anyone living in your household receive income from any of the following? (check all that apply and specify amount)

- |   |    |        |
|---|----|--------|
| <input type="checkbox"/> Social Security      | \$ | /Month |
| <input type="checkbox"/> SSI Disability       | \$ | /Month |
| <input type="checkbox"/> Employment           | \$ | /Month |
| <input type="checkbox"/> Workman's Comp       | \$ | /Month |
| <input type="checkbox"/> Child Support        | \$ | /Month |
| <input type="checkbox"/> Pension              | \$ | /Month |
| <input type="checkbox"/> Unemployment Comp    | \$ | /Month |
| <input type="checkbox"/> Public Aid           | \$ | /Month |
| <input type="checkbox"/> Foster Parent (DCFS) | \$ | /Month |

**Household Monthly Income** \_\_\_\_\_

(Total of All Items Above)

Does anyone in your household participate in the Free or Reduced Price School Lunch Program?  Yes  No

Do you regularly experience (or have you recently experienced) any unusual medical expenses?  Yes  No

Please give details \_\_\_\_\_

Are there any other unusual household expenses at this time? \_\_\_\_\_

Program(s) for which a scholarship is requested:

Program 1 \_\_\_\_\_ Fee \$ \_\_\_\_\_

Program 2 \_\_\_\_\_ Fee \$ \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

The portion of the fee that I can pay is \$ \_\_\_\_\_

The dates by which I can make payments are \_\_\_\_\_

(Additional payment dates may be arranged to meet your needs)

**I have read and understand the Scholarship Policies.**

**I understand that all information given is *not* a matter of public record and all information will be kept *confidential*.**

**I will make SSSRA aware of any changes in our financial status.**

**All of the information I have provided is accurate.**

Signature

By checking this box, you agree to a digital signature, and this digital signature shall substitute for and have the same legal effect as an original form signature.

Date \_\_\_\_\_

Return to:

South Suburban Special Recreation Association

19910 80th Avenue

Tinley Park, IL 60487