



# Sterling Parks Foundation

## FINANCIAL ASSISTANCE PROGRAM

### PURPOSE OF PROGRAM

The Sterling Parks Foundation provides financial assistance to those who are interested in participating in Sterling Park District programs and activities but are unable to do so due to financial hardship. Financial assistance will be given to those who qualify based on eligibility requirements. The Sterling Parks Foundation reserves the right to approve financial assistance or deny an applicant's request. ***The maximum amount any participant will be awarded is 50%.***

### QUALIFICATIONS/LIMITATIONS FOR FINANCIAL ASSISTANCE

1. Financial assistance is available for most activities that are open to the general public and require fees on individual registration use. Exceptions may include membership passes, trips, team fees, facility rentals, contractual programs, cooperative programs, facility punch cards, driving range usage and Challand Middle School activities which are under the Sterling Park District's control.
2. Reduced fees will be limited to an annual dollar value of \$500.00 per family.
3. The participant's payment portion is due before the participant may participate in the activity.
4. All registration policies and procedures apply to financial assistance applicants.
5. Household size and pre-tax income criteria will be used to determine initial eligibility for financial assistance. Other factors such as participation in public aid, food stamp program, subsidized housing, excessive medical bills, etc., as well as the type of program/activity requested will also be considered in determining eligibility and the amount of subsidy.

### REQUIRED DOCUMENTATION

Applications cannot be considered without the following documents. The Sterling Parks Foundation may require additional documents if deemed necessary.

- Proof of Residency (Copy of Driver's License, Voter Registration Card, Utility Bill, etc.)

#### And at least one of the following:

- Copy of most recent Federal Income Tax Return
- Two recent pay stubs (current or prior month) for all household members and documentation for all additional sources of income (i.e., child support, alimony, unemployment benefits, etc.)

### ADDITIONAL PROCEDURES

Those who are seeking financial assistance must complete a Financial Assistance Application. Completed applications and required documents may be dropped off at the Duis Recreation Center or Westwood Fitness & Sports Center, e-mailed to [info@sterlingparks.org](mailto:info@sterlingparks.org) or mailed to Sterling Parks Foundation, PO Box 958, Sterling, IL 61081.

The application will be individually reviewed and the applicant will be notified within two weeks after receipt of the completed application. All information submitted is confidential and is not a matter of public record.

### REGISTRATION

After reviewing an applicant's application and financial documents, the Sterling Parks Foundation will e-mail the applicant stating whether or not assistance has been granted. For those who qualify, the Sterling Parks Foundation will also send instructions on how, when and where to register. Registration may be done online at [www.sterlingparks.org](http://www.sterlingparks.org) or at either the Duis Recreation Center or Westwood Fitness & Sports Center. The participant's portion or the registration fee (the amount not covered by the Sterling Parks Foundation) must be submitted in order to complete registration.





Sterling Parks Foundation  
**FINANCIAL ASSISTANCE APPLICATION**

*To be considered for financial assistance, this form must be filled out completely and submitted with the required documents. Return completed application, required documents and registration form to the Duis Recreation Center or Westwood Fitness & Sports Center or mail them to: Sterling Parks Foundation, PO Box 958, Sterling, IL 61081*

**HEAD OF HOUSEHOLD INFORMATION (\*Indicates a required field.)**

First Name\*: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Street\*: \_\_\_\_\_ City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

At least one phone number is required. Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_  I agree to receive text messages. My cell phone provider is \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_ Gender\*:  Male  Female

Date of Birth\*: \_\_\_\_\_ Relationship to Participant(s): \_\_\_\_\_

**Please list each participant and the program that person would like to receive fee assistance for:**

Participant's First and Last Name*	M/F*	Birthdate*	Requested Program*	Start Date	Activity Code

**Please list each household member and any monthly income for that person:**

Household Member's First and Last Name*	M/F*	Birthdate*	Gross Monthly Income from Employment	Monthly Income from Welfare, Child Support, Alimony (before deductions)	Monthly income from Pensions, Retirement, Social Security, etc.

Head of Household's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Secondary Head of Household's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work #: \_\_\_\_\_

**Please list average monthly expenses for your household for the following items:**

Expense	Amount	Expense	Amount
1. Mortgage/Rent		6. Utilities	
2. Insurance		7. Child Care	
3. Car Payment(s)		8. Food	
4. Other Loan Payments		9. Other	
5. Medical		10. Other	

**Please check each type of assistance you are currently receiving.**

- Public Aid
- Food Stamps  
If yes, provide case number \_\_\_\_\_
- School Lunch Program  
If yes, provide school name \_\_\_\_\_
- Subsidized Housing
- Excessive Medical Bills  
If yes, explain \_\_\_\_\_

**Please explain any additional information or reasons for financial hardship that may be helpful in determining assistance. May include additional paper if necessary.**

---



---



---



---

**Submit with your application:**

- Proof of Residency (Copy of Driver's License, Voter Registration Card, Utility Bill, etc.)

**And at least one of the following:**

- Copy of most recent Federal Income Tax Return
- Two recent pay stubs (current or prior month) for all household members and documentation for all additional sources of income (i.e., child support, alimony, unemployment benefits, etc.)

*I certify that the above information is true, correct and all income and expenses are reported. This information is being given to the Sterling Parks Foundation as application for financial assistance only and will remain confidential. Sterling Parks Foundation 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 activity participation.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**