

# Financial Assistance Scholarship Fiscal Year 2024

For programs initiated April 1, 2023 – March 31, 2024



Dear Local Community Organization:

We appreciate your assistance in giving youth and families in Oak Park and River Forest the opportunity to be involved in an activity or service, who are not financially able to participate on their own. The Financial Assistance Scholarship (FAS) program from Youth and Family Services of Oak Park and River Forest Townships will be offered to programs or services initiated between April 1, 2023, and March 31, 2024. While resources are still available, we can honor requests that meet the guidelines below. Thank you for your participation in this program.

## Eligibility requirements for applicant:

- The family must reside in, or the child must attend school in, either Oak Park or River Forest
- For Oak Park, the child must be 6-17 years of age at the start of the program
- For River Forest, the child must be 5-17 years of age at the start of the program
- The family's income should not exceed FAS Income Guidelines (see attached form)
- The family must contribute to the program costs. (The recommended contributions are 1/3 family, 1/3 sponsoring or referring agency, and 1/3 Financial Aid Scholarship).

## Application guidelines:

- **Assistance is limited up to \$300 per child and \$600 per family annually (April 1, 2023 – March 31, 2024)**
- Scholarship funds are applicable only to registration fees, not additional costs such as supplies or uniforms.
- All FAS Request Forms must be received by March 31, 2024. FAS Request Forms should be submitted at least 2 weeks prior to the start of the program. Application processing takes 10-14 days.
- Any applications submitted for payment after the program has begun will not be accepted and no reimbursements will be made.
- The referring organization is responsible for contacting the sponsoring or administering program to gather scholarship assistance, program costs, and other details required in the FAS Request Form. The program must not discriminate based upon race, religious belief or affiliation, national origin, sexual orientation, or mental or physical disabilities.
- The referring agency/organization is responsible for making sure the child/family registers for the program. **If interested in OPRFHS summer school/sports camps or Park District of Oak Park programs, please consult with these agencies directly as they have their own process and application for scholarships.**

## How to apply

- The referring agency must complete the enclosed FAS Request Form for **each program per child/family**.
- The referring agency is responsible for verifying the following information on the applicant:
  - Age of applicant
  - Residency of application or location of school being attended
  - Income based on a paycheck stub, tax return or other appropriate document.  
(Do not send income documentation with the application)
- Parent/guardian must sign the Income Verification form and circle both the Family Size and Annual Income
- The referring agency must submit these completed forms together as an application: (1) copy of the completed program or registration form; (2) FAS Request Form; and (3) Income Verification Form.

Once the application documents have been reviewed by Youth and Family Services, we will notify the referring agency or organization in writing of the approved amount of the scholarship. If you have any questions, please contact Youth and Family Services at (708) 445-2727.

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## Financial Assistance Scholarship (FAS) Request Form

The referring agency must complete the FAS Request Form for each program per child/family. *Please return this form and the Income Verification Form to [youth@oakparktownship.org](mailto:youth@oakparktownship.org) or fax to (708) 383-8062.*

### Eligibility requirements for applicant:

- The family must reside in, or the child must attend school in, either Oak Park or River Forest
- At the start of the program, the child must be 6-17 years of age for Oak Park and 5-17 years for River Forest
- The family's income should not exceed FAS Income Guidelines (see attached form)
- The family must contribute to the program costs. (The recommended contributions are 1/3 family, 1/3 sponsoring or referring agency, and 1/3 Financial Aid Scholarship).

**Date of Application:** \_\_\_\_\_

### Applicant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

School Attending: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Information (*check all that apply*):

Parent is:  Single/Unmarried  Employed part-time  Unemployed  Disabled

Child is:  Disabled  Needs the program (explain): \_\_\_\_\_

**Referral Contact:** (*Individual responsible for verifying applicant eligibility and Income Verification Form*)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Agency Information:** (*Check will be made payable to the following agency*)

Organization Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

### Program Information:

Program Title applicant is applying for: \_\_\_\_\_

Program start/finish date: \_\_\_\_\_

Total Cost of Program: \$ \_\_\_\_\_

Minus Amount to be paid by family: \$ \_\_\_\_\_

Minus Amount to be paid by other agency/source: \$ \_\_\_\_\_ Source: \_\_\_\_\_

**AMOUNT OF FAS REQUEST (cannot exceed \$300):** \$ \_\_\_\_\_

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## Income Guidelines & Verification Form

The referring agency must complete this Income Verification Form for each child/family.

Return this completed form along with the FAS Request to [youth@oakparktownship.org](mailto:youth@oakparktownship.org) or fax to (708) 383-8062.

Income level must be *equal to or less than* the amounts listed for each of the pay periods for a child or family to be eligible for a scholarship. The referral contact must verify the applicant's income with a paycheck stub, tax return, or other appropriate document. **Please circle the Household Size and Annual Income for the family applying.**

Income Eligibility Guidelines					
Reduced-Price Meals (185% Federal Poverty Guidelines)					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional family member, add	8,732	728	364	336	168

**Income is defined as** any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. Income 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.

**If the family is faced with extraordinary bills, obligations or other responsibilities** that inhibit their ability to pay the program fees, please explain below:

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Applicant Name: \_\_\_\_\_

Referral Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Public Aid # (if applicable): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Referral Contact Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_