

## BPD APPLICATION FOR SCHOLARSHIP PROGRAM

Date \_\_\_\_\_

Completed applications, financial documents, and proof of state or federal assistance, should be submitted to the Johnston Recreation Center Front Desk, 172 S. Circle Ave, Bloomingdale IL, or to [scholarships@bloomingdaleparks.org](mailto:scholarships@bloomingdaleparks.org).

1. Family last name \_\_\_\_\_ Address \_\_\_\_\_

2. List case numbers or attach copies of Link, WIC, SNAP, TANF, All Kids, ABE, etc....

3. Names of all household members	Gross Monthly Earnings, or unemployment		Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security, or Other	Total
	Job 1	Job 2			
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____	_____

(attach all pertinent information such as pay stub, medical card, unemployment, SS etc.)

4. Program/code applied for \_\_\_\_\_ Program Fee \_\_\_\_\_

\_\_\_\_\_

For Office Use Only		
Program Fee	Scholarship %	Total
_____	_____	_____
_____	_____	_____

5. Signature and Social Security Number:

I certify that all the above is true and correct and that all income is reported. I understand that this information is being given for the Bloomingdale Park District Scholarship Fund; that officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws or revocation of scholarship program.

\_\_\_\_\_  
Signature of Adult Household Member      Last four digits SS#      Phone Number      email

### FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

Total Household Size \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_ Eligibility Approval \_\_\_\_\_

\_\_\_\_\_ Denied      Reason for Denial: \_\_\_\_\_ Income too high      \_\_\_\_\_ Incomplete application  
 \_\_\_\_\_ Other \_\_\_\_\_

Approval by Director of Recreation: Date \_\_\_\_\_ Signature \_\_\_\_\_