



### **Fee Assistance Program Policy**

River Valley Special Rec attempts to provide leisure opportunities for residents faced with financial hardships through partial and delayed payment plans, as well as the Fee Assistance Program. All scholarship funds are obtained through donations to River Valley Special Recreation Foundation (RVSRF). The amount available will depend on donations received and number of requests.

#### Qualifications

Applicants must reside within a member district: Bourbonnais Township Park District, Kankakee Valley Park District, or Limestone Park District. Evidence of financial need must be demonstrated in order to qualify. Factors defining need include family income or extenuating financial situations such as excessive medical bills, current participation in public aid, food stamps, school lunch, or subsidized housing.

#### Procedures

Persons requesting fee assistance must complete the application and submit it prior to the registration deadline. A registration form with a notation "Fee Assistance Applicant" should be attached. Applications are reviewed and evaluated. Applicants are notified of their fee assistance with their program confirmation.

#### Limits

- Fee assistance is available for all programs except overnight trips.
- Fee assistance is limited. Limits are based on the number of assistance requests and available funding. Fee assistance is applied at 50% of the program fee.
- Fee assistance awards will not exceed \$300.00 per person per year, based on documented need, availability of funds, and approval.
- If the participant has two (2) unexcused absences from programs that RVSRF has provided funds for in a calendar year, the participant will no longer be eligible to receive fee assistance.
- Scholarships are not awarded for extra expenses that are not included in the program fee such as supply costs, meals, and souvenirs.

#### Application Guidelines

- Information submitted is confidential and is not a matter of public record.
- Information in the application must be true and accurate. Fee assistance is recoverable if paid and provided on the basis of false information supplied by the applicant and will nullify the request for future fee assistance requests.
- Fee assistance is provided based on need and availability of funds. River Valley Special Rec reserves the right to approve partial funding or deny an applicant's request.
- This is a confidential application. Only the Executive Director evaluates all requests.
- The provision of a complete and accurate application is required and will expedite the request.
- An application must be submitted every season. Approval of fee assistance does not ensure continued approval for future seasons.
- Applications are not reviewed if the applicant has an unpaid balance from a prior season.



## Fee Assistance Program Application

Please complete all information requested below. This form must be submitted prior to the registration deadline.

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

Person Completing Application: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

List programs for which you are requesting assistance:

Program Name:	Fee:	Assistance Amount Requested (50% of program fee)	Office Use Only Amount Approved (50% of program fee)

**Attach additional pages as necessary.**

Check items to indicate financial need, provide details, and attach documentation:

- Household Income (Monthly) \$ \_\_\_\_\_ Number of People in Household \_\_\_\_\_
- Public Aid (Monthly Amount) \$ \_\_\_\_\_ Aid Number \_\_\_\_\_
- Food Stamps (Monthly Amount) \$ \_\_\_\_\_ Case Number \_\_\_\_\_
- School Lunch Program     Subsidized Housing     Social Security Beneficiary
- Unemployment     Excessive Medical Bills
- Other Financial Difficulties (*Give further details if necessary*): \_\_\_\_\_

Are you able to make payments? \_\_\_\_\_ How often? (monthly, weekly) \_\_\_\_\_

Please list a reference (social worker, church, school, health department, etc.) in order to be considered for fee assistance. In listing the reference, you are giving RVSRA permission to contact them regarding your financial need.

\_\_\_\_\_  
*Contact Name*

\_\_\_\_\_  
*Agency*

\_\_\_\_\_  
*Phone Number*

**By signing this document, I certify that the information provided is true and complete.**

Signature: \_\_\_\_\_

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