



2121 W. Indian Trail, Aurora, Illinois 60506 | (630) 907-1114 | f: (630) 907-1116 | fvsra.org

Scholarship Policy

Policy

It is the policy of the Fox Valley Special Recreation Association (FVSRA) that every FVSRA resident should have the opportunity to participate in FVSRA services. Based on the availability of funds, FVSRA has developed a comprehensive program to assist individuals and/or families who are experiencing a financial hardship. The scholarship program is designed to provide a subsidy to fees for participation in recreation programs offered by FVSRA. FVSRA reserves the right to approve or deny an applicant's request. The FVSRA Scholarship Policy shall be reviewed on an annual basis and is subject to change without notice.

Qualifications

1. Participant must reside within the boundaries of the FVSRA Member Agencies.
2. A participant may be eligible for financial assistance if they are receiving public aid from Social Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP) through IL Link, Illinois All Kids (CHIPRA), YouthCare Health Plan through DCFS.
3. Participant must display a financial need in order to qualify for FVSRA scholarships.

The Scholarship Committee may consider extenuating circumstances for those individuals who do not meet the established qualifications and award a scholarship.

Guidelines

1. Scholarship Application Form is valid for the period from March 1 to April 30th of the following year.
2. Participant or the participant's parent or guardian must complete the Scholarship Application Form and submit required documents as requested.
3. The Scholarship Application Form must be submitted in advance of or with the Program Registration; All information submitted is confidential and is not a matter of public record of the Fox Valley Special Recreation Association.
4. Limited scholarships are available. Scholarships will be awarded on the basis of need and availability of funds.
5. Once the scholarship is applied, the remaining balance must be paid twenty-one days before the start of the program.
6. Any outstanding balances from previous programs need to be paid in full prior to the Scholarship Application being reviewed.
7. Day Break programs are exempt from scholarship requests.



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Procedures

1. Page 1 of Scholarship application completed in full.
2. Provide documentation if applicant has one of the following: Social Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP) through IL Link, Illinois All Kids (CHIPRA), or YouthCare Health Plan through DCFS.
3. If applicant does not have one of the items listed in number two, fill out page 2 of scholarship application. Applicant may be asked to provide verification for further clarification as all applications are reviewed by FVSRA's Scholarship Committee.
4. Once scholarship is approved, scholarship funds will be deposited in participant's account and the head of household will be notified. Participant will then be able to register for program online.
5. Participants 19 years or older must resubmit application every 2 years excluding Summer Day Camp. Summer Day Camp and participants under 19 years old must resubmit application every year.
6. All applicants will be notified by e-mail within 2 business days the results of their scholarship application.

Updated 02/2020



Scholarship Application

2121 West Indian Trail
Aurora, IL 60506
(630) 907-1114 phone (630) 907-1116 fax

The APPLICANT is the person responsible for paying the costs of the programs. Note: If participant is 19 years or older, they will be considered for scholarship eligibility based on their own information. The applicant is: (check one)

- Participant/Self
 Guardian 1
 Guardian 2
 Other (please specify) _____

Participant Information

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Age: _____

Guardian Information (if Participant is Under Age 19 or enrolling in Summer Day Camp)

	Guardian 1	Guardian 2
Name:		
Address:		
City, State, Zip:		
Phone:		
Marital Status:		

Please check if you currently receive one of the following authorized documents (MUST PROVIDE DOCUMENTATION):

- Reside in a CILA (Community Integrated Living Arrangement)
- Social Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP) through IL Link
- Illinois All Kids (CHIPRA)
- YouthCare Health Plan, DCFS

All information provided will be kept confidential and is not subject to the Freedom of Information Act. All information is requested as incomplete applications may not be considered.

Applicant's Signature: _____ Date: _____

Relationship to Participant: _____

If you have checked one of the above and have appropriate documentation, the application is complete. If not, please complete page two.

Office Use Only:
 Percent Awarded: _____ Amount Awarded: _____
 Staff Initials: _____ Date: _____

STOP: ONLY FILL OUT THIS PAGE IF YOU DID NOT SELECT ANY OF THE 4 AUTHORIZED DOCUMENTS ON PAGE 1

Fill out the form below. Please provide as much documentation as possible. The Scholarship Committee reviews all scholarship applications and has the right to request additional documentation and also reserves the right to deny applications based on incomplete information.

Monthly Income			
Please list all forms of income	Participant	Guardian 1	Guardian 2
Wages: (please provide W-2)			
Other: (i.e.: Child Support)			
Other:			
Monthly Total:			
Total Annual Income:			

Monthly Expenses			
	Participant	Guardian 1	Guardian 2
Mortgage/Rent:			
Utilities:			
Loans:			
Medical:			
Medical Insurance:			
Auto Insurance:			
Food:			
Other: (please list)			
Monthly Total:			
Total Annual Expenses:			

Please describe any unusual circumstances the participant and/or their family may be experiencing with regard to finances that should be considered in the review of the scholarship application:

All information provided will be kept confidential and is not subject to the Freedom of Information Act. All information is requested as incomplete applications may not be considered.

Applicant's Signature: _____

Date: _____

Relationship to Participant: _____

