



South Suburban Special Recreation Association

19910 80th Avenue 815-806-0384 (phone)
Tinley Park, IL 60487 815-806-0390 (fax)

Confidential Scholarship Application

The SSSRA Scholarship Policy is as follows:

- 1. Scholarships are for residents with disabilities only.
2. Deposit is required for scholarships.
3. Scholarships are based on need and availability of funds.
4. Scholarships are usually awarded for a maximum of two programs per season.
5. The maximum scholarship award is 50% of the fee for each program.
The amount of the award may be less than 50% of the fee.
6. No scholarships are awarded for Summer Day Camp Transportation, unless stated otherwise in the summer brochure.
7. All balances are due by the registration deadline of the following season.

Name of Participant(s)

Birthdate(s)

Parent/Guardian Name

Address (City) (State) (Zip)

Disability/Special Need

Number of individuals living in the household

Number of individuals who live in the household who are employed

Does anyone living in your household receive income from any of the following? (check all that apply and specify amount)

- Social Security \$ /Month
SSI Disability \$ /Month
Employment \$ /Month
Workman's Comp \$ /Month
Child Support \$ /Month
Pension \$ /Month
Unemployment Comp \$ /Month
Public Aid \$ /Month
Foster Parent (DCFS) \$ /Month

Household monthly income
(Total of All Items Above)

Does anyone in your household participate in the Free or Reduced Price School Lunch Program? \_\_\_\_ Yes \_\_\_\_ No

Do you regularly experience (or have you recently experienced) any unusual medical expenses? \_\_\_\_ Yes \_\_\_\_ No

Please give details \_\_\_\_\_

Are there any other unusual household expenses at this time? \_\_\_\_\_

Program(s) for which a scholarship is requested:

Program 1 \_\_\_\_\_ Fee \$ \_\_\_\_\_

Program 2 \_\_\_\_\_ Fee \$ \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

The portion of the fee that I can pay is \$ \_\_\_\_\_

The dates by which I can make payments are \_\_\_\_\_

(Additional payment dates may be arranged to meet your needs)

**I have read and understand the Scholarship Policies.**

**I understand that all information given is *not* a matter of public record and all information will be kept *confidential*.**

**I will make SSSRA aware of any changes in our financial status.**

**All of the information I have provided is accurate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to:

South Suburban Special Recreation Association

19910 80th Avenue

Tinley Park, IL 60487

**For Office Use Only**

Program Season \_\_\_\_\_

Registration Fee Total \_\_\_\_\_

Approved by \_\_\_\_\_

Amount Awarded \_\_\_\_\_

Date \_\_\_\_\_

Balance Due \_\_\_\_\_