

# Scholarship Application Form for

Illinois River Valley Special Recreation Association

1715 Dragon Dr. Pekin, IL 61554 - Ph: 309.201.4005 - Fax: 309.353.1787



Please indicate the seasonal brochure that contains the activities, programs, or day camps in which you are requesting financial assistance. You must submit this form to the IRVSRA office by the scholarship deadline as outlined in the corresponding brochure.

**Spring - Summer - Fall - Winter**

(circle one)

**Scholarship Application Deadline:** \_\_\_\_\_

(indicated inside the brochure on the scholarship page)

1. Scholarship fund availability may vary season to season depending upon # of applicants, amounts requested, and the cost of IRVSRA expenses associated with the activities and programs in the specific brochure. **Eligibility:** Family income must be at 150% or below the most current Federal Poverty Live (FPL). The 2020 monthly income chart for reference is provided below\*.

2. Scholarship Requestor's Information: (only residents of Tazewell County are eligible for IRVSRA scholarships)

\_\_\_\_\_  
Name of Parent/Guardian/CILA Manager - the account holder/payee      (\_\_\_\_\_) Phone      \_\_\_\_\_ E-mail

\_\_\_\_\_  
Street Address      \_\_\_\_\_ City      \_\_\_\_\_ Zip

3. Requestor's relationship to the individual(s) on opposite side of this page requesting scholarship funds:  
 Parent    Guardian    CILA Manager    Self/Own Guardian    Other: \_\_\_\_\_

**\*Eligibility:**

Family Size	150% FPL
1	\$1,595
2	\$2,156
3	\$2,715
4	\$3,275
5	\$3,836
6	\$4,395
7	\$4,955
8	\$5,516

4. Household Size: # of Adults (18 and up): \_\_\_\_ (+) # of Dependents (under 18): \_\_\_\_ (=) Family Size: \_\_\_\_

5. Include these monthly income and expenses for your Monthly Household Income Total:

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Gross Income      Social Security (SSI)      Child Support      Unemployment      Other      Monthly Income

6. Choose one (1) of these verification items to accompany the incomes/expenses you listed above and submit it along with this form:

- Copy of your most recent tax return as filed with the IRS (Form 1040, 1040A or 1040EZ)
- Copies of most recent pay stubs, statements, and letters from all above incomes/expenses
- Group Homes, CILA's, and Assisted Living Facilities may submit a letter on official letterhead, on behalf of your individual(s) requesting scholarships, stating that the individual does in fact currently live full-time in one of your facilities or programs that absorbs most or all of the individual's Social Security Income (SSI) as apart of your assisted service agreement. (This option is reserved for non-for-profit organizations and CILAS only, parental units, households, government agencies are exempt)

7. Fill out the reverse side of this form indicating your individual(s) activity requests and scholarship needs. Then sign and date at the bottom of this text block and submit this form via one of the following ways:

- mail it to: IRVSRA.ORG - 1715 Dragon Dr. - Pekin, IL 61554
- drop it off at: IRVSRA Recreational Center - 1715 Dragon Dr. - Pekin, IL 61554
- fax it to: 309.353.1787
- scan and email it to: info@irvsra.org

8. Once received by IRVSRA.ORG, please allow up to 3 full business days to hear back. We will contact you to let you know that your requests were approved, denied, or modified to match available funds.

9. (Optional) Please briefly describe any unusual circumstances the applicant and/or his/her family may have recently been experiencing that would directly influence his/her financial situation and should be considered in the review of this Scholarship Application:

\_\_\_\_\_  
 \_\_\_\_\_

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
 I certify that the information I have presented on this form is truthful, accurate, and could be subject to legal and/or criminal action due to false testament.

Revision Date: 1/19/2021

**Office Use Only:** Date Received: \_\_\_\_\_ Employee Initials \_\_\_\_\_

Notes: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Superintendent of Rec. \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SIDE IS WHERE YOU LIST THE INDIVIDUAL(S)** who wish to register and for and participate in the program(s) listed in the current IRVSRA brochure. The activity must have a minimum registration fee of \$10 to be scholarship eligible. Scholarships are not available for programs that are below \$10.



**Registration Fee:** Full registration FEE as listed in the current brochure.

**Co-Pay:** Your "NEW FEE" you can agree to pay. Must be a \$dollar amount. \$0 dollar co-pays are not permissible.

**Funds Requested:** Registration Fee minus (-) Co-Pay equals (=) Scholarship Funds Requested.

First & Last Name	Birth Date	Activity Name	Date Week or Session #	Days Requested (circle the days attending)	Registration Fee	Pick a Co-Pay	Funds Requested
				M T W Th F	\$	\$	\$
				M T W Th F	\$	\$	\$
				M T W Th F	\$	\$	\$
				M T W Th F	\$	\$	\$
				M T W Th F	\$	\$	\$
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