

# Scholarship Application Form for

Illinois River Valley Special Recreation Association

1715 Dragon Dr. Pekin, IL 61554 - Ph: 309.201.4005 - Fax: 309.306.1595



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 offices by the scholarship deadline stated 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.

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: \_\_\_\_\_

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

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

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Gross Income Social Security (SSI) Child Support Unemployment Other Rent/Mortgage 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 (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 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: 309.306.1595
- scan and email it to: casey@irvsra.org

8. Once received by IRVSRA.ORG, please allow up to 5 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.

**Office Use Only:** Date Received: \_\_\_\_\_ Employee Initials \_\_\_\_\_ Revision Date: 12/11/17

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

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

Use this top section to request financial assistance with IRVSRA **Special Event, Class, Club,** or **Special Olympic Sport** registration fee listed in the current IRVSRA brochure. The activity must have a minimum registration fee of \$10 to be scholarship eligible.



Illinois river valley special recreation association

First & Last Name <small>(Participant using scholarship funds; you may list multiple individuals here within your household)</small>	Birth Date	Gen	Activity Code	Activity Date	Registration Fee <small>(full cost of the program, must be a minimum of \$10 for activity to be eligible)</small>	Pick a Co-Pay <small>(The price you can agree to pay. You must pick a \$dollar amount)</small>	Funds Requested <small>(Reg. Fee minus your co-pay: the amount of scholarship funds being requested)</small>
					\$	\$	\$
					\$	\$	\$
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					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
<b>TOTAL:</b>					\$	\$	\$

Use this bottom section to request financial assistance with IRVSRA **Sunshine Camp** fees.

First & Last Name <small>(Participant using scholarship funds; you may list multiple individuals here within your household)</small>	Birth Date	Gen	Camp Activity Code	Week # <small>(write 1—11)</small>	Days Requested <small>(circle the days attending camp)</small>	Registration Fee <small>(total cost of that week: use the added daily rates or weekly rate, which ever is cheapest for the # of days chosen)</small>	Pick a Co-Pay <small>(The weekly price you can agree to pay. You must pick a \$ dollar amount per week)</small>	Funds Requested <small>(Reg. Fee minus your co-pay: the amount of scholarship funds being requested for that week)</small>
					M T W Th F	\$	\$	\$
					M T W Th F	\$	\$	\$
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					M T W Th F	\$	\$	\$
					<b>TOTAL:</b>	\$	\$	\$

<b>Add both top and bottom sections</b>	<b>PAGE TOTAL:</b>	\$	\$	\$
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