

Help Me Play

SCHOLARSHIP PROGRAM APPLICATION

(FOR YOUTH AGES 18 AND UNDER + ADULTS WITH DISABILITIES)

To apply for the Help Me Play (HMP) program, you must:

1. Apply in person at a Rockford Park District Customer Experience location.
2. Be able to provide proof that you are a Rockford Park District resident to be eligible for assistance.
Please be prepared to show RPD resident identification (driver's license, state ID card) to verify residency.
3. Provide proof of guardianship and income requirements.
4. Provide income-based need.

Please see the back for a summary of your options.

CUSTOMER EXPERIENCE LOCATIONS

Carlson Ice Arena

4150 N Perryville Rd, Loves Park
815-969-4069

UW Health Sports Factory

305 S Madison St, Rockford
815-987-8800

**Washington Park
Community Center**

3617 Delaware Street, Rockford
815-987-1612

CUSTOMER EXPERIENCE LOCATION HOURS: www.rockfordparkdistrict.org/contact-us

Parent/Guardian or Adult Participant Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Please list ALL persons living at this address (including yourself):

NAME (FIRST & LAST)	BIRTH DATE	RELATIONSHIP
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Documentation Verification (Customer Experience Associate – please verify documentation and check boxes below)

ROCKFORD PARK DISTRICT RESIDENT VERIFICATION SHOWN? Yes ZIP code _____ No **ARE YOU AN RPD EMPLOYEE?** Yes No

OPTION 1

Proof of Guardianship (provide one) <input type="checkbox"/> State of Illinois Medical Card* <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Student Record	Current Link statement <i>(automatically approved for 50%)</i>
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– OR –

OPTION 2

Proof of Guardianship (provide one) <input type="checkbox"/> State of Illinois Medical Card* <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Student Record <input type="checkbox"/> Adult Applicant (not a dependent)	Proof of Income (provide all that apply) <input type="checkbox"/> One month of paycheck stubs for everyone in household Person 1 total \$ _____ Person 2 total \$ _____ Person 3 total \$ _____ Person 4 total \$ _____ Person 5 total \$ _____ Person 6 total \$ _____ <input type="checkbox"/> Unemployment Compensation Sub-total \$ _____ <input type="checkbox"/> Child Support Sub-total \$ _____ <input type="checkbox"/> Social Security/Disability Income Sub-total \$ _____ <p style="text-align: right;">INCOME VERIFICATION TOTAL \$ _____</p>
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– OR –

OPTION 3

<input type="checkbox"/> Federal Tax Return <i>NOTE: Children must be listed as dependents</i>	Adjusted Gross Income \$ _____
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** If using a State of Illinois Medical Card as proof of guardianship, the guardian's name must be listed on the card*

I declare all of the information on this form to be truthful, and I understand that my information will be kept on file as needed for documentation and records retention purposes. I understand that Park District officials may verify this information, and that deliberate misrepresentation will result in elimination from the program.

Parent/Guardian or Adult Participant Name (PLEASE PRINT) _____

Parent/Guardian or Adult Participant Signature _____ Date _____

FOR INTERNAL USE ONLY

- Approved for 50%
- Not eligible
- Special Circumstances Approval *(annual or one-time)*

NOTES _____

Approved by (print) _____ Signature _____ Date _____