



Date Received: _____

Date of Application: _____

Approval Signature: _____

Date of Approval Letter: _____

Wheaton Park District Leisureship Program Application

Date of Application: _____

New Applicant: _____ Past Recipient: _____ Referred By: _____

Family Information

Family Name: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Street Address: _____ Apt. Number: _____

City: _____ Zip Code: _____

Please list all eligible family members living at your resident that you support:

Name: _____ Age: _____ Name: _____ Age: _____

Financial Information

Leisureship assistance is available to qualifying Wheaton Park District residents only. Participants are required to prove residency and establish a Resident Household in order to participate in this program.

Monthly Gross Income: _____

Please indicate other forms of assistance you are currently receiving, including family help, gifts, or loans from friends, etc.

Alimony:	\$ _____	Housing Assistance:	\$ _____
Child Support:	\$ _____	School Lunch: Free or Reduced (<i>circle one</i>)	
Social Security:	\$ _____	Disability Payments:	\$ _____
General Assistance:	\$ _____	Rent/Mortgage Assistance:	\$ _____
Food Stamps:	\$ _____	Utility Assistance:	\$ _____
Other Government Aid:	\$ _____	Other:	\$ _____

Required Documentation

Please attach a current copy of those which pertain to your household:

_____ Recent Paycheck Stub
_____ Unemployment Benefit Summary
_____ Family Housing Report
_____ Social Security Benefit Statement
_____ Food Stamps (SNAP) Benefit Letter
_____ Child Support Payments
_____ Supporting Documents for Other Income (checking account statement; past 30 days)
_____ Self-Employment documents (current checking statement – NO TAX FORMS ACCEPTED)
_____ Wheaton Park District Program Registration Form
_____ Proof of Wheaton Park District Residency

Notes

- Income eligibility is based on the United States Department of Agriculture Guidelines
- Wheaton Park District has partnered with Milton Township and Cadence Health in providing Leisureship assistance.
- Future Leisureship applications may be denied due to lack of participation/attendance.
- Be sure all questions have been answered and all necessary documentation provided. Incomplete applications or lack of documentation will result in delays and/or rejection of applications.
- Return application to: Wheaton Park District, 1777 S. Blanchard Road, Wheaton IL 60189
- Please allow 7-10 *business* days for processing.

Leisureship Guidelines and Limitations

- Leisureships of \$200 per participant are awarded per season
- Leisureships are not granted for Arrowhead Golf Club
- Leisureships are not rewarded for contractual programs or events for which admission is charged
- Leisureships for aquatic facility season passes are awarded at 100%. DEADLINE TO APPLY JUNE 15. MINIMUM OF 10 VISITS PER FAMILY MEMBER IS THE EXPECTATION IN ORDER TO RECEIVE FUTURE ASSISTANCE FOR THIS PROGRAM.
- Leisureships are available for Parks Plus Fitness membership. Eligible options and participation expectations include; one week pass (2 visits), one month pass (8 visits), three month pass (24 visits).

Assistance requested for Pool Pass / Parks Plus Fitness Membership

(Pass visits are monitored. Future registration maybe denied due to lack of participation/attendance.)

Participant's Name	Check Box for Pool Pass	Check Box for PPFC Membership

I certify I reside within the boundaries of the Wheaton Park District, and the above information is true and all incomes have been reported. I understand information is being provided to the Wheaton Park District as an application for recreation programs, pools or fitness center assistance only and will remain confidential. I understand all requests for financial assistance will be evaluated by park district officials and granted on the basis of need and availability of funds. Park district officials may verify information on the application. Deliberate misrepresentation of information may result in reimbursement to the Wheaton Park District of financial assistance provided and/or forfeiture of future assistance and participation.

Signature of applicant or parent/guardian: _____ Date: _____