



Confidential Scholarship Application

The Berwyn Park District Scholarship Assistance Guidelines.

1. Scholarships are for Berwyn residents only, proof of residency required
2. Scholarships are for low income families
3. Scholarships are based on need and availability of funds
4. Must be able to show proof of income- latest 1040 tax forms as filed
5. Reward amount of scholarship is 50% or less of fee of each program
6. The balance of the program must be PAID IN FULL by end of program
7. No scholarships are given to programs less than \$25.00

Name of Participant _____

Date of Birth _____

Parent/Guardian Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone # _____ **Cell #** _____

Head of household ___ **Yes** ___ **No** **Married** ___ **Single** ___ **DOB** _____

Caucasian ___ **Hispanic** ___ **African American** ___ **Other Specify** _____

Number of individuals living in household _____

Number of individuals living in household who are employed _____

Does anyone in your household receive income from any of the following? Check all that apply and specify the amount.

___ Social Security/SSI/SSDI...\$ _____/Month (circle one)

___ Unemployment.....\$ _____/Month

___ Workman’s Comp.....\$ _____/Month

___ Child Support.....\$ _____/Month

___ Foster Parents (DCFS).....\$ _____/Month

___ Pension.....\$ _____/Month

___ Link.....\$ _____/Month

___ TANF.....\$ _____/Month

TOTAL AMOUNT OF INCOME (ADD TOTAL FROM ABOVE)\$ _____

I have read and understand the Berwyn Park scholarship policies. I also understand that all the information given is not a public record and will be kept confidential. I will make Berwyn park aware of any changes in our financial status. All of the information I have provided is accurate to my acknowledgement.

Signature of applicant

Date