



## 2025 Financial Aid Application (Complete one application per household).

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related." Please ensure that a submitted application is filled out thoroughly and completed. Incomplete application may result in being denied.

**STEP 1: List ALL Household Members (if more spaces are required for additional names, attach another sheet of paper).**

FIRST NAME	LAST NAME	AGE	D.O.B	RELATIONSHIP	DISABILITY

**STEP 2: Do any Household Members (including you) participate in one or more of the following assistance program?**

PUBLIC AID  CASE # \_\_\_\_\_ FOOD STAMPS  CASE# \_\_\_\_\_  
 LUNCH PROGRAM  CASE# \_\_\_\_\_ STUDENT  SCHOOL NAME \_\_\_\_\_

**STEP 3: Report Income for ALL Household Members (Including you).**

A. Participant Annual Income \$

SOCIAL SECURITY	SSI DISABILITY	CHILD SUPPORT	MONTHLY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)  
 List all household members not listed in STEP 1 (including yourself). For each household member listed, report total gross income (before taxes) for every source in whole dollars (no cents) only. If they do not receive income from any source, write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. (If no income is reported a notarized affidavit may be required).

NAME OF ADULT HOUSEHOLD MEMBERS	INCOME	INCOME SOURCE	WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 4: Contact information and guardian signature**

*I understand this application is confidential and not a public record. I also understand this application will be evaluated to determine qualifications for financial aid assistance. I will make NEDSRA aware of any financial changes that differ from information provided above. All of the information provided is accurate and verifiable.*

Primary Street Address	City	State, Zip Code	Email

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE ONLY:** Date of application \_\_\_\_\_ Percentage awarded \_\_\_\_\_ Reviewed by \_\_\_\_\_ Household size \_\_\_\_\_

Notes:

## Guidelines/Instructions for Requesting Financial Assistance

Northeast DuPage Special Recreation Association (NEDSRA) believes everyone should have the opportunity to enjoy and participate in recreational opportunities. We attempt to provide opportunities for residents with financial hardship, through the provision of programs with inexpensive fees as well as through financial assistance.

Each season the amount available for this purpose will vary and NEDSRA may cease distribution of financial assistance at any time and without notice.

Anyone requesting financial assistance must complete the application form and return it to NEDSRA. New applications may be submitted at any time. All information is confidential and not a matter of public record; however, information is verified.

### **NEDSRA's Financial Assistance Guidelines:**

- Must be a NEDSRA resident with a disability.
- Primary residency must be in district (proof of residency may be required, ex., property tax receipt, water bill, etc.).
- Must provide proof of income, i.e. (1 month of most recent check stubs, previous year's W2, SSI Assistance Letter, SSDI Statement, etc. as outlined on application).
- Percentage of fee assistance granted is based on need and availability of funds.
- Fee assistance is awarded at not more than 50% of the program fee for a maximum of two programs per season. Annual maximum is \$400 per person. Summer day camp assistance is considered outside this limit but is still subject to 50% of the program fee.
- Fee assistance is not awarded for travel or overnight trips.
- Fee assistance for the TREC program is awarded at not more than 30% of the annual fee.
- A new application is required annually to determine percentage of fee assistance awarded. Please notify us of any financial changes in the interim.
- Processing period for your application may be up to two weeks. Submit early to avoid delay in participation.
- Balances from prior season(s) must be paid in full before new registrations are accepted.
- Please contact the Registrar with any questions at direct: 630-576-4010, main 630-620-4500.