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JBSRA's mission is to enrich the quality of life for individuals with disabilities through recreation.

JBSRA Scholarship Program

**Sponsored by the Knights of Columbus, Fr. Frank Anksorus Council,
NO. 6521 Bolingbrook, Illinois**

Philosophical Position

It is the opinion of the Joliet Bolingbrook Special Recreation Association that every resident should have the opportunity to participate in recreational programs. JBSRA will provide a scholarship program for residents faced with financial hardships.

Qualifications for Scholarship Assistance

Evidence of financial need must be demonstrated to qualify for assistance. Factors defining financial need include current participation in public aide, food stamps, school lunch or subsidized housing programs, excessive medical bills, and/or family income.

Application Guidelines

1. Aid is confidential and is not a matter of public record.
2. All scholarships will be awarded on the basis of need and availability. JBSRA reserves the right to approve full or partial funding or deny applicant's request.
3. The therapeutic recreation supervisor will evaluate all requests for financial assistance.
4. Scholarships will be awarded on a per person, per program, per season basis. Granting of a scholarship does not ensure continued approval for succeeding sessions.
 - a. JBSRA seasons are as follows: winter/spring, summer and fall
5. Application must be completed and all pertinent records must be presented before the applicant is considered.

6. In order to receive assistance, the applicant must be on at least one of the public aid programs and must be verified by at least one of the references given on the application form.

Limits

1. Funding is for special recreation programs only and cannot be used for Bolingbrook, Joliet or Plainfield Park District programs.
2. Applicant must be a Bolingbrook, Joliet or Plainfield resident.
3. Partial assistance may be granted in some cases. The established minimum payment of \$20 is due at the time of registration.
4. Only partial assistance is available for overnight trips and other contractual programs.
5. There is a \$250 limit per participant, per season.

If you have any questions, please contact Jill Mukushina, therapeutic recreation supervisor, at (630) 739-1124.

Joliet Bolingbrook Special Recreation Association

Scholarship Application

This form must be completed and returned to the Joliet Bolingbrook Special Recreation Association office. Applications received prior to the registration deadline will be given first consideration for assistance. Following verification of information supplied, applicant will be notified by mail with an approval letter and program confirmation.

Name of participant _____

Address _____

City _____ Zip _____

Daytime Phone _____ Evening Phone _____

E-mail address _____

Person completing application _____

Relationship to participant _____

Daytime Phone _____ Evening Phone _____

Type of Assistance Requesting

_____ Partial Award _____ Full Award _____ Payment Plan

Program Request

Program Code	Name	Full Cost	Type of Assistance
Total Dollar Amount Requested			\$

Please check items to indicate financial need and attach documentation:

	Public Aid	Aid Number:
	Food Stamps	Case Number:
	School Lunch Program	School Attending:
	Subsidized Housing	Name of Unit:
	Excessive Medical Bills	Reason:

References

At least two references, i.e. social services agencies, schools, employers, physicians or others, must be provided and permission given below for them to supply information regarding applicant's financial need.

Agency Name	Address	Contact Name	Phone

Release of Information Permission

I certify that the above information is true, correct and complete, and authorize the Joliet Bolingbrook Special Recreation Association to conduct reference checks to verify accuracy of information. I understand that falsified statements on this application shall be grounds to revoke scholarship funds and be expelled from the program.

Signature _____ Date _____