

**THE REILLY-BIALCZAK SCHOLARSHIP FUND  
FOR MAINE TOWNSHIP RESIDENTS  
2011-2012**

**CAROL A. TESCHKY  
SUPERVISOR**

**1700 BALLARD ROAD  
PARK RIDGE, IL 60068-1006  
847-297-2510**

**Purpose of the Program**

The Maine Township Reilly-Bialczak Scholarship Fund was initiated to provide the opportunity for residents' children to participate in local organized recreational programs:

- who are encountering financial hardship
- who are 18 years and younger
- or currently enrolled in high school as a full time student

**Requirements for Financial Assistance**

- Only residents of Maine Township may be considered for scholarship assistance
- Proof of residency and financial need must be provided
- Income for the families applying for scholarship assistance may not exceed 200% of the poverty guidelines established by the federal government
- **ONLY ORIGINAL DOCUMENTATION WILL BE ACCEPTED – NO COPIES OR FAXED DOCUMENTS**

**Application Procedure**

- Residents must:
  1. Call 847-297-2510 ext. 251 to schedule an appointment for an interview
  2. File an assistance application with their park district/organization
  3. Complete application and submit required documents
- Applicants living in an area that is serviced by a park district may be eligible for up to 50% of the program cost, after park district/organization scholarships
- Total payment per child cannot exceed \$275.00 per scholarship year. The family maximum is \$850.00 per scholarship year
- Applicants living in an area that is not serviced by a park district may be eligible for up to 80% of the total program cost, as they are not eligible for park district scholarships
- Applications will be individually reviewed and will be notified of the Committee's decision within 30 days after the receipt of all required documents

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**Application Instructions and Guidelines**

1. All applications and additional documents must be submitted by appointment only. Call 847-297-2510 Ext. 251 to schedule an appointment.
2. Applications must be completed, signed and submitted with original documentation. If forms submitted are incomplete, they will be returned.
3. Granting scholarship assistance does not ensure continued approval of succeeding sessions for any one recreational program. An application must be completed every time a request for financial assistance is made.
4. All local upcoming recreational programs are available for assistance **EXCEPT** field trips, travel accommodations, pool passes, lessons, special events, summer school, preschool, daycare, facility rentals, and any other programs deemed inappropriate by the Committee.
5. Financial Scholarship Assistance funds are legally recoverable if awarded on the basis of false information supplied by the applicant and will nullify all requests for assistance. All information provided on the application must be true and accurate and will be kept confidential.
6. The Committee will review all requests for assistance. The Committee reserves the right to approve partial funding or deny the applicant's request.

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**APPLICATION**

Date of Application: \_\_\_\_\_

Person Completing Application: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Marital Status - Circle One: Married Divorced Single Widowed Separated

Do you own your home: Yes \_\_\_ No \_\_\_ Do you rent: Yes \_\_\_ No \_\_\_

Subsidized Housing: Yes \_\_\_ No \_\_\_ Monthly Rent/ Monthly Mortgage Payment: \$ \_\_\_\_\_

Are you employed: Yes \_\_\_ No \_\_\_ If yes, where: \_\_\_\_\_

Are you Self-Employed: Yes \_\_\_ No \_\_\_

Address of Employer: \_\_\_\_\_ Telephone of Employer: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

Spouse Employed: Yes \_\_\_ No \_\_\_ If yes, where: \_\_\_\_\_

Spouse Self-Employed: Yes \_\_\_ No \_\_\_

Address of Employer: \_\_\_\_\_ Telephone of Employer: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

Are you currently receiving Public Aid: Yes \_\_\_ No \_\_\_ If yes, monthly benefit amount: \$ \_\_\_\_\_

Public Aid Case Number: \_\_\_\_\_

Are you currently receiving Social Security Benefits: Yes \_\_\_ No \_\_\_ If yes, monthly benefit amount: \$ \_\_\_\_\_

**PLEASE GIVE DETAILED REASON(S) FOR REQUESTING SCHOLARSHIP:**

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Please List Below:

**Total Number Living in Household (including self):** \_\_\_\_\_

First and Last Name	M/F	Birth date Including year	Relationship

**I hereby request assistance for:**

<i>Participant's Name</i>	<i>Park District/Organization</i>	<i>Program Title</i>	<i>Fee</i>

Total payment per child cannot exceed \$275.00 per scholarship year and family maximum is \$850.00 per scholarship year. I (We) declare under penalties of perjury that to the best of my(our) knowledge and belief the information supplied in this application and all accompanying statements or documents are true and correct, and that this is a complete statement of all income, assets and resources belonging to me or any member of my(our) immediate family. I (We) understand that Maine Township Scholarship Committee has permission to contact those agencies necessary to confirm the above information.

**PLEASE BE ADVISED THAT THIS APPLICATION IS SUBJECT TO AUDIT BY THE TOWNSHIP BOARD.**

\_\_\_\_\_  
Mother's / Legal Guardian's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Father's / Legal Guardian's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Please Attach the Following Documentation**

- 1. Validated copy of application for desired program that was submitted to Park District/Organization.**
- 2. Completed application for assistance from Park District/Organization.**
- 3. Completed and signed Maine Township application.**
- 4. Last year's signed income tax returns to include all employment W-2 forms for each adult in the household.**
- 5. Original Documentation of method of support, for example:**
  - Two (2) months of consecutive pay stubs per employer, for all adults in the household**
  - Public Aid card for current month**
  - Current Social Security award letter(s) for each eligible family member**
  - Child support documentation**
  - General assistance or other**
  - Unemployment benefit documentation from last 30 days.**
- 6. Birth Certificate, Adoption, or Guardianship Papers for each child living in the household.**
- 7. Entire Divorce Decree Document or Proof of Legal Separation Document.**
- 8. Proof of residency: Utility Bill (electric, gas, telephone) and Lease/Mortgage Statement, or Property Tax Bill.**

❖ *We reserve the right to request additional documentation if deemed necessary.*

***\*FOR OFFICE USE ONLY\****

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Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Program \_\_\_\_\_

Program Cost \$ \_\_\_\_\_

Park District/Organization Assistance \$ \_\_\_\_\_

Less Maine Township Scholarship \$ \_\_\_\_\_

Remaining Fees (Client's Responsibility) \$ \_\_\_\_\_

**COMMITTEE MEMBERS PRESENT**

\_\_\_\_\_  
\_\_\_\_\_

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NOTIFIED PARK  
DISTRICT/ORGANIZATION: \_\_\_\_\_ On: \_\_\_\_\_

NOTIFIED APPLICANT \_\_\_\_\_ On: \_\_\_\_\_

REQUEST TO BOOKKEEPER FOR PAYMENT ON \_\_\_\_\_ CHECK # \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_