



# Heart of Illinois Special Recreation Association

8727 N. Pioneer Road • Peoria, IL 61615  
Phone: 309/691-1929 • Fax: 309/691-4383

## HISRA CONFIDENTIAL SCHOLARSHIP APPLICATION

This HISRA Scholarship Application must be completed and submitted with all supporting documentation. We are unable to process incomplete applications.

Please note that HISRA scholarship funds can only be allocated to residents of member districts and that HISRA cannot guarantee scholarship funds.

**Your 10% down payment must be submitted with this application.**

### Participant Information:

Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### Who lives at home with the participant?

Please list each person that lives in the household, their age and any disability (if any):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Disability: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Disability: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Disability: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Disability: \_\_\_\_\_

### Scholarship Request:

Please list the name(s) of program(s) and/or camp(s) participant is registering for:

\_\_\_\_\_

What is the total cost of programs(s) or camp(s): \$ \_\_\_\_\_

How much is the participant/family able to pay? \$ \_\_\_\_\_

What is the total amount of scholarship being requested? \$ \_\_\_\_\_

### Financial Information (continued on page 2)

Does anyone in the household work?

YES  NO

If yes, what is the total amount of wages earned each month?

\$ \_\_\_\_\_



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## HISRA CONFIDENTIAL SCHOLARSHIP APPLICATION (page 2)

Does anyone in the household receive Social Security or SSI?  YES  NO  
If yes, what is the total amount received each month? \$ \_\_\_\_\_

Does anyone in the household receive unemployment?  YES  NO  
If yes, what is the total amount received each month? \$ \_\_\_\_\_  
**(please include documentation for each household member that receives unemployment)**

Does anyone in the household receive food stamps or other public aid?  YES  NO  
If yes, what is the total amount received each month? \$ \_\_\_\_\_

Does anyone in the household receive child support, foster care payments, adoption subsidy, retirement or pension funds?  YES  NO  
If yes, what is the total amount received each month? \$ \_\_\_\_\_  
**(please include documentation for each child you receive child support, foster care payments or adoption subsidy)**

### **Please submit the following applicable documentation with this application:**

- |                                                                          |                                                   |
|--------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> 10% down payment                                | <input type="checkbox"/> Public aid documentation |
| <input type="checkbox"/> Driver's License or State ID of the participant | <input type="checkbox"/> ACA forms                |
| <input type="checkbox"/> Income Tax Return                               | <input type="checkbox"/> Copy of SSI or SS check  |
| <input type="checkbox"/> Copy of 2 most recent paystubs                  |                                                   |

**Please list any additional reasons that are preventing the participant from being able to pay for the programs/camps they wish to attend (i.e.: medical expenses, loss of income, etc...).**

Signature of Person Completing this Form: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Your 10% down payment must be submitted with the application.**

**Please note that any remaining after scholarship funds are applied are the responsibility of the parent/guardian and must be paid in full prior to the start of the program.**

**Failures to submit all scholarship paperwork may result in the participant's withdraw from programming for which they are registered.**