



Heart of Illinois Special Recreation Association

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

Form #9: 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?
If yes, what is the total amount received each month? YES NO
\$ _____

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

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

Does anyone in the household receive child support, foster care payments, adoption subsidy, retirement or pension funds?
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) YES NO
\$ _____

Please submit the following applicable documentation with this application:

- 10% down payment
- Driver's License or State ID of the participant
- Income Tax Return
- Copy of 2 most recent pay stubs
- Public aid documentation
- ACA forms
- Copy of SSI or SS check

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.

