

**HEART OF ILLINOIS SPECIAL RECREATION ASSOCIATION
FORM #9: HISRA CONFIDENTIAL SCHOLARSHIP APPLICATION**

Applicant Name: _____ Date: _____

Address: _____ City: _____ Zip code: _____

Phone #: _____ Email: _____

Completed by: _____ Phone #: _____

Scholarship Request:

Program name	Cost/Fee	Award <small>Office Use only</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant:

- Lives independently
- Lives with parent(s)/family
- Lives in a group home
- Is a foster child/in foster care
- Is supported by alternative family member
- Other items to be considered by scholarship committee:

Required documentation:

- Down Payment (at least 10%)
- Driver's Licenses or State ID
- Copy of most recently tax return and/or 2 most recent paystubs for all household wage-earners
- Medical Card (Verified by _____)
- ACA forms

	Applicant	Adult	Adult	Child	Child	Child
Household Info Please print first name	_____	_____	_____	_____	_____	_____
Monthly income						
SSI						
Unemployment						
LINK, SNAP, or other public aid						
Child support, foster care payments, adoption subsidy						
Retirement, pension, etc.						
Other						

Office use only

Verified Address: Y / N

Scholarship Awarded

R81 _____ R83 _____

_____ Entered into RecTrac