



Lemont Park Foundation

Helping Hand Award Program Checklist

Before submitting your Helping Hand Award Program application(s) to the Park Foundation, please read and check off all items of the documents required for your application to be processed.

_____Program Registration Form

_____Completed Application

_____Documentation of Financial Need as indicated on application

_____Documentation of Residency as indicated on application

_____Copy of the most recent Federal Income Tax Return for each member of the household



HELPING HAND AWARD APPLICATION

In order to be considered for the Lemont Park Foundation Helping Hand Award, this form, and the Lemont Park District Registration Form must be completely filled out and submitted with the required documents.

*Completed forms, required documents and registration form must be returned to the Lemont Park District
16028 W. 127th Street, Lemont, Illinois 60439.*

Following the verification of the information provided on this form, applicants will be notified within 45 days of the status of their request. The Helping Hand Award program is only available to residents who live within the Lemont Park District boundaries. The Lemont Park Foundation considers all requests and takes into consideration current circumstances, ***A maximum benefit of \$1,000 in funding for park district programs per person is awarded annually.***

If you have any questions or need additional information, please contact Lauren, 630-257-6787 X 3031, LRaspanti@lemontparks.org

General Information: (please note that all information is held in strict confidence)

Name: _____

Address: _____

Email: _____

Home phone: _____ Cell: _____

Participant's Name: _____

Participant's Age: _____ Grade: _____

Program Requested: _____

Award Amount Requested: \$ _____

What amount are you able to contribute toward the programming fee(s)? \$ _____

Why are you asking for a Helping Hand Award?

Please write a sentence or two about the circumstances which explain why your family would need and/or benefit from the Lemont Park Foundation award. Use additional paper if necessary.



REQUIRED DOCUMENTATION:

All applicants will be required to provide proof of income, residency and family information. Helping Hand applications cannot be considered without a copy of the documents listed below. The Lemont Park Foundation may require additional documents if deemed necessary.

Evidence of Financial Need: Check one and attach documentation.

____ Public Aid/Medicaid Card

____ Social Security Disability Income

____ Food stamps/Link card

____ Documentation from School District 113a or School District 210 indicating eligibility for the federal free lunch program

____ Documentation from the Lemont Township office indicating eligibility for use of the food pantries

____ Documentation of Social Security Retirement benefits as sole source of household income

____ Other Financial Difficulties

Reason: _____

Documentation: _____

Proof of Residency:

____ Driver's License or State ID **AND** one of the following:

____ 2 Current Utility Bills

____ Property Tax Bill

____ Copy of lease or mortgage statement



Disclosures

By signing below, I acknowledge that the financial and extenuating circumstances outlined above will be kept confidential by the Lemont Park Foundation. I also understand that it is my responsibility and obligation to notify the Park Foundation of any changes in financial status. The above information is true and accurate to the best of my knowledge. Any incorrect information will automatically disqualify me from this program and will require me to reimburse the Park Foundation for any past payments.

Release of Information

I have voluntarily applied for a Helping Hand Award through the Lemont Park Foundation. If approved for the Helping Hand Award program, I will receive financial assistance to offset fees associated with registering for Park District programs. Approval for the Helping Hand Award program will require the Park District to verify the current size of my family as well as current and past financial status.

I give the Lemont Park Foundation the authority to verify any information they may require with any local, state or federal agency and/or any organization that I am currently working with or have worked with in the past.

Applicant's Signature: _____ **Date:** _____