

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

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 household 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: Gra	ade:
Program Requested:	
Award Amount Requested: \$	
What amount are you able to contribute toward the pro	gramming fee(s)? \$
Why are you asking for a Helping Hand Award? Please write a sentence or two about the circumstance benefit from the Lemont Park Foundation award. Use a	• • • • • • • • • • • • • • • • • • • •



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:
o 2 Current Utility Bills
 Property Tax Bill

o 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:
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