

**Effingham Park District**  
**The Devon Poland Wear Scholarship Fund**

*All prospective participants with financial needs are eligible to apply for individual assistance, but we cannot guarantee that every request will be honored. Scholarships are based on the reduced/free lunch program in the public school system. Scholarships are limited to first come, first serve. Providing false or incomplete information on the application WILL result in disqualification.*

**Scholarship Guidelines**

1. Partial scholarships are available on the basis of the financial need. We ask that the participant's parent/guardian pay a portion 50% of the program fee.
2. We will allow a limited amount of scholarships for each program. These are based on first come, first served.
3. Scholarships are available for the program fee only - **It is not for any other expenses the participant may incur.**
4. You must meet the scholarship qualifications in order to apply for assistance. The qualifications are as follows:
  - If the participant receives a free lunch at school, you may qualify for a 50% reduction in the tuition fee.
  - The participant and parent and/or legal guardian must live within the Effingham Park District.
5. Scholarship forms must be completed in full and returned the with completed program registration form and the **Status Notification Letter** from the school verifying that you do receive free/reduced lunch.
6. If your request is granted, you will be notified by letter or email of your scholarship amount and your remaining balance. Upon receiving your award notification, you will be asked to pay the remaining portion to secure a spot in the program before the beginning date of the program.

*For Office Use Only*

Date Received: \_\_\_ / \_\_\_ / \_\_\_  
Complete/Incomplete: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Initials of Receiver: \_\_\_\_\_

**Effingham Park District**  
**Devon Poland Wear Scholarship Application**

**It is recommended that you apply as soon as possible. Scholarships are available on a first come, first serve basis and are limited. Submitting an application does not guarantee that you will be awarded a scholarship. False information or an incomplete form will result in the dismissal of this application.**

**(1.) Participant and family information:**

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent/Legal Guardian Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Parent/Legal Guardian E-Mail: \_\_\_\_\_

Has the participant attended this program in the past \_\_\_No \_\_\_Yes

**(2.) Amount of Request**

A. I am requesting financial assistance for my child to attend the following programs. I understand that the dates I request are the dates that my child must attend.

Program \_\_\_\_\_ Dates \_\_\_\_\_

Program \_\_\_\_\_ Dates \_\_\_\_\_

B. Total cost of the program listed above (*this should match the total on your registration form*).  
\$ \_\_\_\_\_

C. The applicant is required to pay 50% of the program tuition.

D. Total amount of scholarship request: \$ \_\_\_\_\_

*I have read the entire program brochure and understand all of the payment policies and refund policies. I verify that all information submitted is correct, complete, and accurate. If my situation changes, I agree to notify Effingham Park District within 10 days. If I submit false or inaccurate information, or fail to notify the Effingham Park District of any change in my financial status, I may be terminated from receiving financial assistance from the Effingham Park District. If I am missing information or have not fully completed all sections of this application my request will not be processed.*

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*

Please print name: \_\_\_\_\_

Please remember that you must submit a copy of the **Status Notification Letter** from the school that the participant attends verifying that the participant receives free or reduced lunch. (This letter is usually filed with the cafeteria manager within the school.)

**This application WILL NOT be accepted without this letter.**



***Devon Poland Wear M.D.***  
***NOVEMBER 7, 1972 - MAY 7, 2012***