

## **Fee Assistance Program Policy**

Every SEASPAR resident should have the opportunity to participate in SEASPAR programs. SEASPAR attempts to provide leisure opportunities for residents faced with financial hardships through partial and delayed payment plans, as well as the Fee Assistance Program.

### **Qualifications**

Applicants must reside within a SEASPAR member entity. Evidence of financial need must be demonstrated in order to qualify. Factors defining need include family income or extenuating financial situations such as excessive medical bills, current participation in public aid, food stamps, school lunch, or subsidized housing.

### **Procedures**

Persons requesting fee assistance must complete the application and submit it prior to the registration deadline. A registration form with a notation "Fee Assistance Applicant" should be attached. Applications are reviewed and evaluated. Applicants are notified of their fee assistance with their program confirmation.

### **Limits**

- Fee assistance is available for all programs except overnight trips and the EAGLES Adult Day Program.
- Fee assistance is limited. Limits are based on the number of assistance requests and available funding. The maximum assistance is 50% of the program fee.
- Fee assistance is not provided for day camp transportation.

### **Application Guidelines**

- Information submitted is confidential and is not a matter of public record.
- Information in the application must be true and accurate. Fee assistance is recoverable if paid and provided on the basis of false information supplied by the applicant and will nullify the request for future fee assistance requests.
- Fee assistance is provided based on need and availability of funds. SEASPAR reserves the right to approve partial funding or deny an applicant's request.
- SEASPAR's Superintendent of Recreation evaluates all requests.
- The provision of a complete and accurate application is required and will expedite the request.
- An application must be submitted every season. Approval of fee assistance does not ensure continued approval for future seasons.
- Applications are not reviewed if the applicant has an unpaid balance from a prior season.
- A portion of the applicant's fee must be paid prior to the start of the season.



SEASPAR  
DISCOVER ABILITIES  
ACHIEVE POTENTIAL  
REALIZE DREAMS

4500 BELMONT ROAD  
DOWNERS GROVE, IL 60515  
630.960.7600 F-630.960.7601  
SEASPAR.ORG

### Fee Assistance Program Application

Please complete all information requested below. This form must be submitted prior to the registration deadline.

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Person Completing Application \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**List programs for which you are requesting assistance:**

Code	Program Name	Fee	Assistance Amount Requested (%)	Office Use Only Amount Approved (%)	Office Use Only Amount Approved (\$)

**Attach additional pages as necessary.**

Check items to indicate financial need, provide details, and attach documentation:

- Household Income (Monthly Amount) \$ \_\_\_\_\_ Number of People in Household \_\_\_\_\_
- Public Aid (Monthly Amount) \$ \_\_\_\_\_ Aid Number \_\_\_\_\_
- Food Stamps (Monthly Amount) \$ \_\_\_\_\_ Case Number \_\_\_\_\_
- School Lunch Program                       Subsidized Housing                       Social Security Beneficiary
- Unemployment                                       Excessive Medical Bills                       Other Financial Difficulties

Give further details if necessary: \_\_\_\_\_

Are you able to make payments?  Yes     No    Indicate how often:  Every two weeks     Once a month

List a reference (social worker, church, school, health department, etc.) in order to be considered for fee assistance. In listing the reference, you are giving SEASPAR permission to contact them regarding your financial need.

Contact Name	Agency	Phone Number

**By signing this document, I certify that the information provided is true and complete.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Typing your name is an acceptable form of signature if submitting via email.)*