

MAINE TOWNSHIP GENERAL ASSISTANCE

Kimberly Jones
TOWNSHIP SUPERVISOR

1700 BALLARD RD
PARK RIDGE, ILLINOIS 60068
847 297 2510 x-236

The Reilly-Bialczak Summer Day Camp Scholarship Fund Financial Assistance for Maine Township Residents

To Apply:

1. Select the desired day camp/summer camp program and sessions through your local park district.
2. Complete an application for financial assistance with the local park district.
3. Schedule and interview/appointment with the Maine Township General Assistance department. **During this appointment, the application and required documents will need to be submitted for review.**
4. If your application is approved, the amount owed to the local park district, minus the scholarship grant MUST be paid within ten (10) business days or your grant will be forfeited.
5. It will be necessary to provide an official receipt of the camp session total cost from the park district.
6. Once/if approved, Maine Township will send the scholarship grant/award check directly to the park district to complete the camp registration.

*Applications will open on April 15th, 2026

* Funds are limited, apply early

*Required documents listed on next page

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Please bring the following documents to your appointment.

- Proof of Township residency: utility bill/lease/mortgage statement/property tax bill
- Copy of the local park district application submitted for registered day camp program(s). This document must contain the following information:
 - Day Camp name and session dates
 - Day Camp session price
- Completed Application for financial assistance from the local park district and award letter.
- Completed and signed Maine Township Reilly-Bialczak scholarship application
- The previous year signed income tax returns and employment W-2's for each adult in the household.
- Proof of income/support for all adults in the household, to include:
 - 60 days of paystubs
 - Current unemployment benefits – Detailed print out from IDES
 - Any/All current benefits: Public Aid, Medicaid, TANF, SNAP, Social Security/Disability benefits
 - Child support documentation
- Birth Certificate, adoptions, or guardianship papers for EACH child living in the household
- Divorce Decree documents (all pages) or legal separation documents

*We reserve the right to requested additional documents if necessary

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Date: _____

Address: _____

Home/Cell Phone: _____

Marital Status (Married/single/divorced/separated/widowed) _____

Do you Own/Rent/Subsidized Housing Voucher: _____

Monthly Rent/Mortgage: \$ _____

Are you currently employed? _____

If yes, list employer name/contact information _____

Monthly Gross Income: _____

Annual Gross Income: _____

Is your spouse employed? _____

If yes, list employer name/contact information _____

Monthly Gross Income: _____

Annual Gross Income: _____

Are you currently receiving any Public Aid? (Circle ALL that apply): SNAP, Medical Card, TANF,
Social Security/Disability Benefits? List monthly amount/s

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Please List Below:
Total Number Living in Household (including self): _____

First and Last Name	M/F	Birth date Including year	Relationship	Monthly Income

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I hereby request assistance for:

<i>Participant's Name</i>	<i>Park District and Camp Name</i>	<i>Sessions Attending</i>	<i>Cost of Camp</i>	<i>Park District Assistance</i>	<i>Amount Remaining</i>

Amount awarded is based on the session(s) that child/children are registered for. If you make changes to the above camp/sessions, please call 847-297-2510

Applicants living in an area that is serviced by a park district may be eligible for up to 50% of the program cost, after park district/organization scholarships.

Applicants living in an area that is not serviced by a park district may be eligible for up to 80% of the total program cost, as they are not eligible for park district scholarships.

I (We) declare under penalties of perjury that to the best of my (our) knowledge and belief the information supplied in this application and all accompanying statements or documents are true and correct, and that this is a complete statement of all income, assets and resources belonging to me or any member of my(our) immediate family. I (We) understand that the Maine Township Scholarship Committee has permission to contact those agencies necessary to confirm the above information.

PLEASE BE ADVISED THAT THIS APPLICATION IS SUBJECT TO AUDIT BY THE TOWNSHIP BOARD.

Mother's / Legal Guardian's Signature

Date ____ / ____ / ____

Father's / Legal Guardian's Signature

Date ____ / ____ / ____