



**SUMMER DAY CAMP  
THE REILLY-BIALCZAK SCHOLARSHIP FUND  
FINANCIAL ASSISTANCE APPLICATION  
FOR MAINE TOWNSHIP RESIDENTS  
2025**

**Karen J. Dimond  
SUPERVISOR**

**1700 BALLARD ROAD  
PARK RIDGE, IL 60068-1006  
847-297-2510 ext.231**

***To Apply:***

- 1. Select the desired Day Camp Program and sessions through your local park district that you would like your child/children to attend.**
- 2. Complete and file an application for financial assistance with your local Park District.**
- 3. Call 847-297-2510 ext. 231 to schedule an appointment for an interview. During the interview appointment, the Reilly-Bialczak Scholarship application and all required documents will need to be submitted.**
- 4. When your application is approved, the amount owed to the LOCAL PARK DISTRICT minus your scholarship award must to be paid within ten (10) working days or your award will be forfeited.**
- 5. Once a favorable decision has been made regarding your application, it will be necessary to present an official receipt of the day camps total cost from your local Park District to the Maine Township Scholarship Committee.**
- 6. Maine Township will then send your scholarship award check directly to the Park District to complete your (child's/children's) Summer Day Camp registration.**

***Applications accepted beginning April 17, 2025***

**Funds are limited. Apply early!**

**THE REILLY-BIALCZAK SCHOLARSHIP FUND  
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SUMMER CAMP  
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**2025**

**Please bring the following documentation to your interview appointment:**

- 1. Copy of the local Park District application submitted for registered day camp program/s. This document must contain the following:**
  - **Day Camp name and sessions child(ren) will attend**
  - **Day Camp price.**
- 2. Completed application for assistance from local Park District/Organization and award letter.**
- 3. Completed and signed Maine Township Reilly Bialczak Scholarship Summer Day Camp application.**
- 4. Last year's signed income tax returns and all employment W-2 forms for each adult in the household.**
- 5. Original documentation of method of support for all adults in the household, to include:**
  - **Two months of consecutive pay stubs per employer, for all adults in the household**
  - **Unemployment Income**
  - **Public Aid, Medicaid and or TANF verification documents**
  - **Current Social Security award letter(s) for each eligible family member for this calendar year**
  - **Child support documentation**
  - **General Assistance/TANF verification letter**
- 6. Birth Certificate, Adoption, or Guardianship Papers for each child living in the household.**
- 7. Entire Divorce Decree Document or Proof of Legal Separation Document.**
- 8. Proof of residency: utility bill (electric, gas, telephone) and lease/mortgage statement/property tax bill.**

❖ *We reserve the right to request additional documentation if deemed necessary.*



Circle One:

Is Your Spouse Employed?

Yes

No

If yes, where:

Address of Employer:

Telephone of Employer

Monthly Gross Income:

Annual Gross Income:

Circle one:

Are you currently receiving Public Aid?

Yes

No

SNAP

\$

Yes

No

Medical Card

Yes

No

TANF

Yes

No

Are you currently receiving Social Security Benefits?

Yes

No

If yes, what is your monthly benefit amount?

\$

Please List Below:

**Total Number Living in Household (including self):** \_\_\_\_\_

| First and Last Name | M/F | Birth date<br>Including year | Relationship | Monthly Income |
|---------------------|-----|------------------------------|--------------|----------------|
|                     |     |                              |              |                |
|                     |     |                              |              |                |
|                     |     |                              |              |                |
|                     |     |                              |              |                |
|                     |     |                              |              |                |
|                     |     |                              |              |                |

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> |
|---------------------------|------------------------------------|---------------------------|---------------------|---------------------------------|-------------------------|
|                           |                                    |                           |                     |                                 |                         |
|                           |                                    |                           |                     |                                 |                         |
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|                           |                                    |                           |                     |                                 |                         |
|                           |                                    |                           |                     |                                 |                         |
|                           |                                    |                           |                     |                                 |                         |

**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 ext. 231.**

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 \_\_\_\_/\_\_\_\_/\_\_\_\_