

The Oregon Park District believes that all residents should have the opportunity to participate in recreation programs regardless of financial ability. Therefore, the Park District will offer a limited amount of reduced, special, or waived financial assistance for those in need.

All applicants must reside within the boundaries of the Oregon Park District or Oregon School District and be able to provide proof of residency (i.e. driver's license, current utility bill). Evidence of financial need must be demonstrated to qualify for financial assistance. Factors defining need include household income or a temporary financial hardship such as excessive medical bills, loss of employment, etc. Proof of income and/or financial hardship must accompany this financial assistance application.

Eligible children may receive up to \$200 per year in financial assistance. Financial assistance for recreation programs is only available to resident youths ages 17 and under. Eligible programs may be discounted in an amount not to exceed 75%.

Persons requesting assistance must complete the financial assistance application. All information submitted is confidential and not available for public record.

Completed application forms will be reviewed on an individual basis and notification of a decision will be provided within three to five business days of receiving the application. Applicants must follow dates as posted in each seasonal brochure and allow for the appropriate amount of time for application approval. Approval does not guarantee registration. Applications must be submitted a minimum of 7 days prior to a registration deadline date.

All information provided must be true and accurate. Assistance given is legally recoverable if approved on the basis of false information supplied by the applicant and will nullify your request for assistance.

The Park District reserves the right to approve full or partial amounts or deny funding of an applicant's request.

Applications and necessary documentation must be submitted each calendar year. Approval of assistance does not ensure continued approval for succeeding years.

ADDRESS

304 S. Fifth Street P.O. Box 237
Oregon, IL 61061

PHONE NUMBER

815.732.3101

WEBSITE

www.oregonpark.org

mission statement

To provide community-focused social and recreational activities through exceptional programs, parks and facilities.

our vision

We strive for operational excellence through caring, creative and community focused service.

our values

Caring
Creative
Community-Focused



OREGON PARK DISTRICT

financial assistance

INFORMATION & APPLICATION

Don't let financial need stop your child from participating in Park District programming!



Scan to
fill out the
form online!





Financial Assistance Application Form

Scan to
apply online!

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Name of Applicant: _____ City: _____ State: _____
Address: _____
Telephone Number: Home: _____ Work: _____ Cell: _____

List All Household Members Names & Ages:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Please complete the following two questions. Provide your total household income and whether your children are eligible for the Free or Reduced Lunch Program at the School District. If necessary, paperwork may be requested to provide proof of qualifications.

Total Household Income: _____

Are your children eligible for the Free or Reduced Lunch Program based on the guidelines provided by the Illinois State Board of

Education: ☐ Yes ☐ No

Participant Name	Program Name	Program Code	Program Fee

I certify that the above information is true and correct and understand that its accuracy may be verified. I agree to repay, in full, any financial assistance awarded based upon falsified information.

Some programs may include participation requirements and other required criteria to receive financial assistance. Please contact the Park District for further information.

Signature of Applicant _____

Date

FOR OFFICE USE ONLY-Please do not write below this line

Date Received: _____ **Amount Approved:** _____ **Authorization:** _____