Effingham PARK DISTRICT | RICHARD E. WORKMAN Sports & Wellness Complex

HSHS St. Anthony's Memorial Hospital/Midland States Bank
"Endowments for a Better Community"
Scholarship Application

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 limited to first come, first serve. These scholarships will be applied to **3 month memberships** with the possibility of renewal if the funding is available. 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 25% of the membership fee.
2. We will allow a limited amount of scholarships for each quarter. These are need based scholarships and will be rewarded based on criteria developed to determine the level of need.
3. Scholarships are available for membership fee only – It is not for any other expenses the participant may incur such as classes or programing.
4. Scholarship forms must be completed in full and returned with the completed program registration form and the Status Notification Letter from the school verifying that you do receive free/reduced lunch and/or insurance provider verifying that you qualify for the claimed benefit.
5. If your request is granted, you will be notified by phone, letter, or email of your scholarship amount and your remaining balance. Upon receiving your notification, you will be asked to pay the remaining portion to secure a membership.

* It's recommended that you apply as soon as possible. Once all scholarships have been awarded for the quarter, applicants will be required to complete another application the following quarter. Submitting an application does not guarantee being awarded a scholarship.

Scholarship Determination Factors:

- Applicant/dependents of the applicant participate in the free lunch program Yes ___ No ___
- Applicant is on Medicaid or IDPA insurance Yes ___ No ___
- The applicant must reside in Effingham County Yes ___ No ___
- Has the applicant been awarded this scholarship in the past 6 months Yes ___ No ___
- How many participants will this scholarship service if awarded Yes ___ No ___
- Please Describe your fitness goals or expected benefits from receiving this scholarship

_____

_____

- What is your expected usage _____

Applicant Information:

Participant's Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Names of applicant dependents/Co-Members:

Name _____D.O.B. (mm/dd/yyyy) _____

Name_____ D.O.B. (mm/dd/yyyy) _____

Name_____ D.O.B. (mm/dd/yyyy) _____

Name_____ D.O.B. (mm/dd/yyyy) _____

Medicaid #: _____

IDPA #: _____

Scholarships provided through a grant from:

Midland States Bank

HSHS St. Anthony's Memorial Hospital