



Friends of HEParks SCHOLARSHIP APPLICATION

The Friends of HEParks Foundation provides access to families to participate in programs. Approval is based on the family's circumstances and needs.

Application Timeline: Valid for Foundation Fiscal Year (July 1 through June 30).

Each approved family will be assigned a percentage of support based on need, and will be limited to a maximum of \$1600 per family per year. Once awarded, you will be responsible for your portion of payment at the time of registration (if not fully covered by scholarship).

Family members may not enroll in overlapping programs while supported by scholarship - scholarships are limited to one program per family member at a time.

Scholarship funding can be awarded for any program, event, fitness membership, or aquatic center membership.

To apply, complete the attached Scholarship Application AND submit the following documents:

1. Driver's License with current address, or current utility bill with name and address
AND:
2. One or more of the following options
 - Current SNAP Award Letter with all children and spouse (if applicable) listed on letter.
 - Current School Year Free Lunch Program Letter
 - AllKids Healthcare programs card listing children.
 - Most recent Federal Tax Return with all children and spouse (if applicable) listed on the return.

All scholarship questions can be directed to Cindy Flynn at 847-885-7500 x633 or cflynn@hparks.org.



Friends of HEParks
Confidential Scholarship Application

Return completed application to Triphahn Center – Attention: Registration Associate.

Parent/Guardian Name: _____
Address: _____ City: _____ Zip: _____
Phone Number: _____ Second Phone Number: _____
Email address: _____
Parent Date of Birth: _____

List all dependents that scholarship funds are being requested for:

First	Last Name	Date of Birth	Grade	Relationship to Applicant

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed
How many dependents (including yourself) live in your household? _____
Have you applied for Scholarship funding in the past? ___ Yes ___ No If yes, when? _____
Please list your current total household annual income. _____

What upcoming programs are you applying for scholarship assistance?

Participant's Name	Program Name & Section #	Start Date

I fully understand that the financial and extenuating circumstances outlined above will be kept confidential by the Hoffman Estates Park District. The above information is true and accurate to the best of my knowledge. Any incorrect information will automatically disqualify me from this program and will require me to reimburse the Hoffman Estates Park District for any past payments. I understand that it is my responsibility and obligation to notify the Park District of any changes in financial status.

Parent/Guardian Signature _____ **Date** _____

Complete Waiver on Next Page →

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the Hoffman Estates Park District identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided.)

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities and I voluntarily agree to assume the full risk of any injuries, damages or loss regardless of severity that I or my minor child/ward may sustain as a result of participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Hoffman Estates Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Hoffman Estates Park District.)

I do hereby fully release and forever discharge the Hoffman Estates Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs.

Important Information

The Hoffman Estates Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Hoffman Estates Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failures, failure in supervision, premises defects and all other circumstances inherent to recreational activities /programs exist. In this regard, it must be recognized that it is impossible for the HE Parks to guarantee absolute safety.

Ice-skating/Hockey is intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head injury, neck or back injury, wrist and ankle fractures, and other orthopedic injuries to limbs and joints. All hazards and dangers cannot be foreseen. The very nature of ice- skating/Hockey is **high risk**, including but not limited to slip and falls, colliding with other players of varying degrees of skill (including being struck from behind), tripping on irregular ice surfaces, cuts from skate blades, inadequate or defective equipment, ill-fitting skates, failure in supervision or instruction, horseplay, carelessness, poor technique, poor conditioning, rule violations, striking a stationary object, premises defects outside the rink, and all other risks inherent to the sport of ice-skating. In this regard, it must be recognized that it is impossible for the Hoffman Estates Park District to guarantee absolute safety.

Communication & Marketing Release

I, or my child, as a participant in a Hoffman Estates Park District program or event when using one of its public parks or facilities, may be photographed or videotaped by the Hoffman Estates Park District (HE Parks) or its assigns and transferees. I grant permission to HE Parks to copyright, use and publish the same in print and/or electronically with or without my name and for any lawful purpose, including for example, publicity, illustration, advertising, program guide, brochures, newsletter, email, digital media boards, website, social media, news releases or other promotional materials.

By providing my email address to this form, I give permission to the HE Parks to send email to that address regarding events and programs. I understand that if I decide not to receive email, I can unsubscribe at any time using the link in the email. (To review the HE Parks Privacy Policy, visit heparks.org.)

Parent/Guardian Name: _____ Date: _____

Office Use Only:	_____	Family Contacted	_____	Total Funds Awarded
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