

FOX VALLEY PARK DISTRICT

Scholarship/FoxFun Pass Documents

Required Documentation

All applicants will be required to provide proof of income, residency and family information. Scholarship applications cannot be considered without a copy of the documents listed below. Choose option A, B or C below to complete.

OPTION A	
<input type="checkbox"/>	1. CURRENT CALENDAR YEAR SNAP/TANF AWARD LETTER– MUST HAVE ALL CHILDREN AND SPOUSE LISTED ON THE LETTER
	2. DRIVER'S LICENSE WITH CURRENT ADDRESS
	3. PROOF OF RESIDENCY (IF LICENSE ADDRESS IS DIFFERENT)
	___ 2 UTILITY BILLS IN YOUR NAME ___ PROPERTY TAX BILL

OPTION B	
<input type="checkbox"/>	1. CURRENT FEDERAL TAX RETURN – MUST HAVE ALL CHILDREN AND SPOUSE LISTED ON THE RETURN
	2. DRIVER'S LICENSE WITH CURRENT ADDRESS
	3. PROOF OF RESIDENCY (IF LICENSE ADDRESS IS DIFFERENT)
	___ 2 UTILITY BILLS IN YOUR NAME ___ PROPERTY TAX BILL

OPTION C			
<input type="checkbox"/>	1. DRIVER'S LICENSE WITH CURRENT ADDRESS	4. PROOF OF INCOME	
	2. PROOF OF RESIDENCY (IF LICENSE ADDRESS IS DIFFERENT)	___ 1 MONTH OF PAYCHECK STUBS FOR ALL QUALIFYING INDIVIDUALS	
	___ 2 UTILITY BILLS IN YOUR NAME	PERSON 1 TOTAL \$ _____	
	___ PROPERTY TAX BILL	PERSON 2 TOTAL \$ _____	
<input type="checkbox"/>	3. PROOF OF GUARDIANSHIP (CHOOSE ONE)	PERSON 3 TOTAL \$ _____	SUBTOTAL \$ _____
	___ BIRTH CERTIFICATE FOR EACH CHILD	___ UNEMPLOYMENT COMPENSATION	SUBTOTAL \$ _____
	___ COURT ORDERED LETTER AWARDING GUARDIANSHIP	___ CHILD SUPPORT	SUBTOTAL \$ _____
	___ STUDENT RECORD	___ SOCIAL SECURITY/DISABILITY	SUBTOTAL \$ _____
	___ CURRENT LINK STATEMENT	SUBTOTAL \$ _____	
	___ OTHER SOURCES OF INCOME	SUBTOTAL \$ _____	

SPECIAL CIRCUMSTANCES (MUST BE APPROVED)		
_____ _____ _____		
APPROVED BY _____	SIGNATURE _____	DATE _____

FOX VALLEY PARK DISTRICT

Scholarship Guidelines

The Fox Valley Park District follows the United States Department of Agriculture income guidelines for the Free Meal program to determine eligibility for the scholarship program.

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2024 through June 30, 2025.

Income Eligibility Guidelines Effective July 1, 2024 to June 30, 2025

Free Meals 130% Federal Poverty Guideline	
Household Size	Monthly
1	\$1,632
2	\$2,215
3	\$2,798
4	\$3,380
5	\$3,963
6	\$4,546
7	\$5,129
8	\$5,712
For each additional family member add	\$583