



# GLENVIEW PARK DISTRICT

1930 PRAIRIE STREET, GLENVIEW, ILLINOIS 60025-2823, (847) 657-3215, FAX: (847) 724-8601

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Division Director of  
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Division Director of  
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Dear Applicant:

Please find enclosed an application for a Leisureship to assist with your family's participation in Glenview Park District programs.

It is critical that you complete the enclosed form entirely. **Information requested but left blank will delay the review process and may necessitate sending the entire application back to you for completion.**

Once a properly completed application is received, we will make every effort to process your request within the week. In most cases, an applicant is registered immediately with the determination of assistance coming at a later date. Once registered, you will receive a postcard confirmation. After the level of available assistance is determined, you will receive a letter detailing the terms of the Leisureship.

As much as we strive to accommodate all those who request assistance, we are limited by the funds available for this program. We ask that each family evaluate the amount they can afford to contribute and under what payment plan it would be possible to do so. If full assistance is requested, a formal interview will be arranged for the parent(s) to discuss their needs with a representative of this service.

This program is provided by a partnership between the Glenview Park District and Glenview Youth Services. Donations from local businesses and Glenview residents make this program possible. A special thank you to The Glenview Park Foundation, Glenview Bank & Trust, and Ultra-Lit Tree Company for their generous financial contributions to this program. We look forward to assisting you in whatever way possible. If you have questions regarding the process, please contact Stephen Neill at 224-521-2246.

Sincerely,

Stephen Neill  
Division Director of Recreation & Museum Services  
Glenview Park District

**GLENVIEW PARK DISTRICT  
LEISURESHIP APPLICATION FORM**

|                          |                  |
|--------------------------|------------------|
| Office Use Only          |                  |
| Date Rec'd _____         | Reviewed _____   |
| Letter Sent _____        |                  |
| Registration Input _____ |                  |
| Level of Support _____   | % Initials _____ |

**Part I - Family Information**

1. Family Name \_\_\_\_\_ Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work \_\_\_\_\_ for \_\_\_\_\_ Work \_\_\_\_\_ for \_\_\_\_\_  
 Phone \_\_\_\_\_ Mr./Ms. \_\_\_\_\_ Phone \_\_\_\_\_ Mr./Ms. \_\_\_\_\_

2. Please list all family members living at your residence who you support:

|       |           |       |           |
|-------|-----------|-------|-----------|
| _____ | Age _____ | _____ | Age _____ |
| _____ | Age _____ | _____ | Age _____ |
| _____ | Age _____ | _____ | Age _____ |

3. Do you: Own  Rent  your home?

4. Marital Status: Married  Divorced  Separated   
 Widowed  Abandoned  Single

5. Employer: (Applicant) Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ Annual Income \_\_\_\_\_  
 (Spouse or Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Second Job) Address \_\_\_\_\_ Annual Income \_\_\_\_\_

6. Have you participated in this program before? Yes  No   
 Season \_\_\_\_\_ Year \_\_\_\_\_

**Part II - Financial Information**

7. Please indicate other forms of assistance you are currently receiving, including family help, gifts or loans from friends, etc.

- |   |  |
|---|--|
| <input type="checkbox"/> Alimony (amount _____)         | <input type="checkbox"/> Housing Assistance (amount _____)       |
| <input type="checkbox"/> Child Support (amount _____)   | <input type="checkbox"/> School Lunch Program ( amount _____)    |
| <input type="checkbox"/> Social Security (amount _____) | <input type="checkbox"/> Disability Payments (amount _____)      |
| <input type="checkbox"/> Public Aid (amount _____)      | <input type="checkbox"/> Rent/Mortgage Assistance (amount _____) |
| <input type="checkbox"/> Food Stamps (amount _____)     | <input type="checkbox"/> Utility Assistance (amount _____)       |
| <input type="checkbox"/> Other (amount _____)           | <input type="checkbox"/> Other (amount _____)                    |

**MONTHLY INCOME/EXPENSES:**

8. Monthly Net Income \_\_\_\_\_ (Please include all sources of income.)

9. Monthly Expenses:

|               |       |             |       |
|---------------|-------|-------------|-------|
| Mortgage/Rent | _____ | Electricity | _____ |
| Gas           | _____ | Water       | _____ |
| Phone         | _____ | Medical     | _____ |
| Food          | _____ | Other       | _____ |
| Loan Payments | _____ | Other       | _____ |

TOTAL: \_\_\_\_\_

10. Please indicate the amount you can pay towards these programs: \$ \_\_\_\_\_  
**If you are unable to afford any level of co-payments, a personal appointment will be required. Call Alison Frye at 724-2620.**

11. Would a payment plan be helpful? Yes  No

12. Please list any special circumstances not mentioned elsewhere on this form which you feel we should be made aware of when considering your application.

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13. Please attach copies of all forms as they may apply.  
Most recent tax return (**mandatory**).  
Most recent utility bill (gas or electric)  
Photo ID/Driver's License  
Documentation of food stamps, social security, disability or public aid assistance.  
Legal Documents regarding divorce/court orders, support arrangements.

Special Notes:

- Please attach a completed Park District Program Application Form to this application.
- Be sure all questions have been answered and all necessary documentation provided. Incomplete applications or lack of documentation will result in delays and /or rejections of applications.
- Return form to:

**Glenview Youth Services  
3080 West Lake Avenue  
Glenview, IL 60026  
ATTN: Alison Frye, Director of Programming**

**The Glenview Park District would like to acknowledge the assistance of Glenview Youth Services for their professional support and the Glenview Bank & Trust for their financial assistance on behalf of the Leisureship Program.**

**I/we understand that all information given will be kept confidential and that this information will be evaluated to determine whether I/we qualify for assistance. All information requested on this form must be true and accurate. All requests for Leisureship will be evaluated and approved by Glenview Youth Services. All Leisureship awards will be on the basis of need and the availability of funds. Applicants will be notified by letter as soon as practical as to the disposition of this application.**

SIGNATURE \_\_\_\_\_  
(Parent/Guardian)

DATE \_\_\_\_\_