Bloomington Parks Foundation

Garden Financial Aid Program

General Information

Bloomington Parks Foundation seeks and receives contributions from individuals, social groups, clubs, businesses, and service organizations to assist in providing scholarships for individuals enabling them opportunities to participate in recreation programs.

1. Need is the primary criterion upon which financial aid is considered. Accepted participants are expected to pay their portion of the program fee at the time of registration. No full scholarships will be awarded.

2. Financial aid is not guaranteed and is available on an as-needed basis.

3. Bloomington Parks Foundation reserves the right to limit the amount of financial aid awarded to an individual during the program session, particularly if the demand for financial assistance by the community is high.

4. Approval of any application does not automatically register that person into the program of choice. Registration for any program is the responsibility of the family requesting assistance. **All payments must be received prior to registration deadlines and participation.**

5. Confidentiality: All information provided will only be used to determine the level of assistance awarded.

ELIGIBILITY

- **Proof of Monroe County residency required (current utility bill, housing lease, etc.) -** must be primary residence of participant.
- IU students/families are eligible with residency requirement.
- **Proof of Income –** All applicants must show proof of income, such as 2021 income tax return, last four (4) payroll stubs, etc.

APPLICATION PROCESS

- Complete the Financial Aid Form (one form per family please). All information requested must be supplied. Incomplete forms will not be considered.

Applications and attachments should be submitted to:

Bloomington Parks and Recreation Department
BPF Scholarship Committee
401 N. Morton Street, Suite 250
P.O. Box 848
Bloomington, IN 47402

Phone: (812) 349-3702
Fax: (812) 349-3705
Email: parks@bloomington.in.gov

All information submitted will remain confidential.

Updated 1/2022

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OFFICE USE ONLY

Date Received: _____

Date Reviewed: _____

Approved/Denied: _____

Amount Awarded: _____

Committee Rep: _____

Applications should be submitted a minimum of **two weeks prior to the requested program's start date.**

Applicant's Name: _____

Address: _____
(Street) (City) (Zip)

E-mail:_____

Program Requested: _____

Phone (daytime): _____ Phone (evening):_____

Number of household members UNDER 18 years of age: _____ Number of household members OVER 18 years of age: ____

INCOME
Please check:

- ☐ Proof of household income
- ☐ Proof of Monroe County residency
- ☐ Monetary child support/alimony (if applicable) $_____
- ☐ Employer: _____
- ☐ Other local, state or federal assistance (i.e. child care assistance, food stamps, etc):_____
  _____
- ☐ Rent/Mortgage payment: $_____

Please give a brief statement of reasons for applying for assistance: _____

_____

_____

_____

Have you received a Bloomington Parks Foundation Scholarship in the past? _____ If so, when? _____

I/We, the undersigned, understand that the information given will be kept confidential. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification. ***I agree to pay any outstanding balance I have on my household account after all scholarship money has been applied.***

_____ _____
Applicant's Signature Date

All information submitted will remain confidential.

Updated 1/2022