



# GLENVIEW PARK DISTRICT

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

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Division Director of  
Special Facilities

Melissa R. Marsh  
Division Director of  
Recreation & Museum  
Services

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 available only due to the co-sponsorship of Glenview Youth Services and through a matching grant by the Glenview State Bank. We look forward to assisting you in whatever way possible. If you have questions regarding the process, please contact Melissa R. Marsh at 224-521-2246.

Sincerely,

Melissa R. Marsh  
Division Director of  
Recreation & Museum Services  
Glenview Park District

Amy O'Leary  
Executive Director  
Glenview Youth Services

Enclosure



**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 Married ☐ Divorced ☐ Separated ☐  
Status: 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** \_\_\_\_\_