

# THE SWIMMING HOLE FINANCIAL AID

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The primary purpose of the Swimming Hole is to provide a venue to people of all ages to enjoy swimming for the sake of general fitness, health, rehabilitation, and as a necessary platform for enjoying other water sports. While it will be a place for competitive swimming, this is not the primary focus of the pool. Instruction for potential swimmers is a high priority. The pool is intended to accommodate local individuals of any age, swimming ability and economic status.

To make this more accessible The Swimming Hole has created a financial aid program to assist economically challenged members of the community. To follow are program and eligibility requirements.

## **Applicant Criteria**

The applicant wishing to apply for financial aid must currently receive one or more of the following benefits, and supply proof with application: Medicaid, SSI, TANF, SNAP

## **Extenuating Circumstances**

There may be instances where the applicant is eligible for financial aid due to situations not addressed by the above criteria. In such cases, a written explanation should be submitted with supporting tax returns or proof of SSI benefits to verify financial need.

## **Application Process**

1. Applications can be obtained at TSH Front Desk, or on our web page.
2. Applications can be submitted for individual memberships or family memberships.
3. Family Memberships are for immediate family members including legal dependents under the age of 18 years living in the same household. Grandparents, Aunts etc. are not included in family memberships.
4. Applicant must complete this application and submit along with supporting documentation to Executive Director of The Swimming Hole by, in person delivery, email [cbrynn@theswimmingholestowe.com](mailto:cbrynn@theswimmingholestowe.com) or mail: Attention Executive Director, 75 Weeks Hill Road, Stowe, VT 05672
5. Membership aid will be awarded as a percentage of membership fees and may be as much as 60%. Swim lesson, Swim Team aid maximum percentage aid is 50%.
6. If approved for aid membership duration is 6 months, or 12 months.

## **Approval Process**

1. Completed applications will be reviewed by The Swimming Hole Financial Aid Committee
2. Financial Aid Committee will issue a decision to approve, deny application, or ask for additional documentation. Applications will be reviewed within 3 weeks of receipt & notification will be sent after review by email to applicant.
3. Financial Aid may be awarded above, equal to, or below the percentage that is requested in application.

## FINANCIAL AID APPLICATION

Applicant's Name: *(must be 18 years or older)* \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Have you received aid from us before? \_\_\_\_\_

If yes, when did it expire? \_\_\_\_\_

## CHECK THE TYPE OF MEMBERSHIP AID YOU ARE REQUESTING

6 Month Individual Membership

6 Month Family Membership

12 Month Individual Membership

12 Month Family Membership

Group Swim Lessons

Swim Team

Percentage of Aid Requested (Maximum 60%) \_\_\_\_\_

## PART ONE

You must attach proof of eligibility for one or more of the following programs, Medicaid, SSI, TANF SNAP. If none are available, attach a copy of your latest tax return or SSI Check.

## EXTENUATING CIRCUMSTANCES

There may be financial situations that fall outside the scope of programs listed above. This may be due to death, divorce, illness, injury etc. If that is the case please provide a written explanation, and supporting records in addition to 1040 tax form.

## PART TWO

**INCOME** - Include all sources of income for everyone in your household.

	CURRENT YEAR ESTIMATE	PRIOR YEAR ACTUAL
SALARIES/WAGES		
INTEREST AND DIVIDENDS		
EARNINGS (LOSSES) FROM SELF EMPLOYMENT		
EARNINGS (LOSSES) FROM PARTNERSHIPS, TRUSTS, ESTATES		
RENT OF ROYALTY INCOME		
CAPITAL GAINS (LOSSES)		
UNEMPLOYMENT COMPENSATION		
SOCIAL SECURITY OR DISABILITY BENEFITS		
OTHER SOURCES OF INCOME		
ALIMONY AND CHILD SUPPORT		

**EXPENSE** - Include all selected expenses.

HOUSING (MORTGAGES, RENT, PROPERTY TAXES)		
COLLEGE/POST GRADUATE TUITION		
PRIMARY/SECONDARY TUITION		
MEDICAL (UNINSURED PORTION ONLY)		
ALIMONY		
CHILDCARE/ADULT DEPENDENT CARE		

## PART THREE

	CURRENT YEAR ESTIMATE	PRIOR YEAR ACTUAL
<b>LIST TOTAL ASSETS</b>		
<b>CASH IN BANKS</b>		
<b>INVESTMENTS STOCKS AND BONDS</b>		
<b>ACCOUNTS RECEIVABLE FROM OTHERS</b>		
<b>EQUITY IN BUSINESS MARKET VALUE</b>		
<b>HOUSES INCLUDING PRIMARY, SECOND &amp; VACATION HOMES LESS OUTSTANDING LOANS NET MARKET VALUE</b>		
<b>AUTOMOBILES, BOATS LESS OUTSTANDING LOANS NET MARKET VALUE</b>		
<b>DEBTS (OTHER THAN THOSE LISTED ABOVE)</b>		
<b>NET WORTH – TOTAL ASSET</b>		

## PART FOUR CERTIFICATION

I certify that the information provided in this application is true and correct.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR USE BY FINANCIAL AID COMMITTEE:

Financial Aid Committee Decision

Type of Aid Approved: \_\_\_\_\_

Approval: \$ percentage amount: \_\_\_\_\_

Applicant co-pay amount \$: \_\_\_\_\_

NOTES: