

THE SWIMMING HOLE FINANCIAL AID 2023



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, TANF, SNAP
- Financial Aid is available for Family Membership with dependents under the age of 18 years old.
- Financial Aid is available for Individual Adult Memberships who are not claimed as a dependent on previous year's tax returns.

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 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 50%. 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.
2. The Swimming Hole 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)* _____

Please list Domestic Partner and/or legal Dependents under the age of 18 in house hold

Name - _____ Age: _____ Date of Birth - _____

Name - _____ Age: _____ Date of Birth - _____

Name - _____ Age: _____ Date of Birth - _____

Name - _____ Age: _____ Date of Birth - _____

Name - _____ Age: _____ Date of Birth - _____

Name - _____ Age: _____ Date of Birth - _____

Name - _____ Age: _____ Date of Birth - _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Address: _____

Occupation: _____ Employer: _____

Have you received aid from us before? _____

If yes, when did it expire? _____

CHECK THE ONE 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 50%) _____

PART ONE

- You must attach your most recent 1040 Tax Return
- You must attach proof of eligibility for one or more of the following programs, Medicaid, TANF
SNAP

PART TWO

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

SALARIES/WAGES	/MONTH
EARNINGS FROM SELF EMPLOYMENT	/MONTH
UNEMPLOYMENT COMPENSATION	/MONTH
DISABILITY BENEFITS	/MONTH
OTHER SOURCES OF INCOME	/MONTH
ALIMONY AND CHILD SUPPORT	/MONTH

EXPENSE - Include all selected expenses.

HOUSING (MORTGAGES, RENT, PROPERTY TAXES)	/MONTH
TOTAL UTILITIES	/MONTH
VEHICLE PAYMENTS	/MONTH
CHILD / ADULT DEPENDENT CARE	/MONTH

TOTAL ASSETS – Include all assets of Applicant and Domestic Partner

CASH IN BANKS	\$
HOUSE / PROPERTY VALUE	\$
AUTOMOBILE, BOATS, ATV NET MARKET VALUE	\$
INVESTMENT STOCKS	\$

PART THREE CERTIFICATION

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

Signature of Applicant: _____

Date: _____