

THE SWIMMING HOLE FINANCIAL AID 2024



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

Financial Aid is available for family memberships with dependents under the age of 18 years or individual adult memberships who are not claimed as a dependent on previous years tax return.

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.

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 to verify financial need.

Application Process

1. Applications can be submitted for individual memberships or family memberships only.
2. 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.
3. Applicant must complete this application in full and submit with most recent 1040 Tax Form and proof of Medicaid, TANF, and/or SNAP.
Mail or Email: Attention: Executive Director, The Swimming Hole, 75 Weeks Hill Road, Stowe, VT 05672 or email to cbynn@theswimmingholestowe.com
4. 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%.
5. 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.

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Applicant's Name: _____

Date of Birth: _____

(Must be 18 years or older and not claimed as a dependent on previous years tax return.)

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Email: _____

Address: _____

Occupation: _____

Employer: _____

Have you received aid from us before? _____

If yes, when did it expire? _____

List domestic partners and/or legal dependents in your household under the age of 18 years old.

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

CHECK THE TYPE OF MEMBERSHIP AID YOU ARE REQUESTING

6 Month Adult Individual Membership

6 Month Family Membership

12 Month Adult Individual Membership

12 Month Family Membership

Group Swim Lessons

Swim Team

Percentage of Aid Requested (Maximum 50%) _____

PART ONE

You must attach proof of eligibility for one or more of the following programs, Medicaid, TANF SNAP, and a copy of your latest tax return.

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PART TWO

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

	CURRENT YEAR ESTIMATE	PRIOR YEAR ACTUAL
SALARIES/WAGES		
EARNINGS (LOSSES) FROM SELF EMPLOYMENT		
RENTAL INCOME		
UNEMPLOYMENT COMPENSATION		
SOCIAL SECURITY OR DISABILITY BENEFITS		
OTHER SOURCES OF INCOME		
ALIMONY AND CHILD SUPPORT		
TOTAL INCOME		

EXPENSES - Include all selected expenses.

	CURRENT YEAR ESTIMATE	PRIOR YEAR ACTUAL
HOUSING (MORTGAGES, RENT, PROPERTY TAXES)		
UTILITIES		
CAR PAYMENTS		
MEDICAL EXPENSES		
ALIMONY		
CHILDCARE/ADULT DEPENDENT CARE		
TOTAL EXPENSES		

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PART THREE

ASSETS	CURRENT YEAR ESTIMATE	PRIOR YEAR ACTUAL
CASH IN BANKS		
INVESTMENTS STOCKS AND BONDS		
EQUITY IN BUSINESS MARKET VALUE		
HOUSE(S) PROPERTY LESS OUT- STANDING LOAN MORTGAGE (NET MARKET VALUE)		
AUTOMOBILES, BOATS LESS OUTSTANDING LOANS NET MARKET VALUE		
DEBTS (OTHER THAN THOSE LISTED ABOVE)		
OTHER ASSETS NOT LISTED ABOVE		
NET WORTH		

PART FOUR CERTIFICATION

1040 Tax Form + proof of Medicaid, TANF, and/or SNAP must be submitted with financial aid application.
I certify that the information provided in this application is true and correct.

Signature of Applicant: _____ Date: _____

FOR USE BY FINANCIAL AID COMMITTEE

1040 Tax Form Submitted Proof of Medicaid, TANF, SNAP Provided Date Received: _____

Financial Aid Committee Decision:

Type of Aid Approved: _____

Approval: \$ percentage amount: _____

Applicant co-pay amount \$: _____

NOTES: