

## Financial Aid Criteria

### Fund Purpose:

The mission of the Upper Valley Aquatic Center is to deliver a diverse range of high-quality aquatic and fitness programs accessible to all residents of the Upper Valley community. We will promote aquatic competition, fitness education and wellness programs.

In order to make these programs more accessible, UVAC has created a financial aid program to assist economically challenged members of the community. The following information outlines the program, eligibility requirements and obligations for recipients.

### Applicant Criteria:

The applicant/household wishing to apply for financial aid must currently receive one or more of the following benefits and supply proof with application:

1. Free School Lunch Program, 3Squares, Food Stamps, WIC
2. Medicaid, SSI, TANF, SNAP or other public assistance programs
3. Note: Members of the Upper Valley Aquatic Center Board of Directors and their families are not eligible for aid.

### Extenuating Circumstances

There may be instances where an applicant is eligible for financial aid due to situations not adequately 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 the Welcome Desk of the facility, on our web page, Executive Director, Joe Major, Swim Team Coach, Scott Ellis, or Swim School Director, Karen Cox.
2. Applications must be for the immediate family and everyone must reside in the same household. Extended family members (grandparents, aunts, etc.) must complete their own application even if residing in the same home.
3. Applicants may be asked to provide the latest tax return filing or verification of SSI payments to verify financial need.
4. The Applicant must complete this form and return it with supporting documentation, to Joe Major, Executive Director of UVAC.
5. Membership aid will be awarded as a percentage of the monthly dues or program fees and may be as much as 95%.
6. Financial aid related to swim lessons, camps, and fitness programs will not exceed 50%, except in cases where grant money has been secured for that purpose.
7. The application should specify the percentage of fees that are being requested.
8. **If approved for membership, the initial duration is three months. Applicants who have attended the Center at least 1.5 times a week and have sent a thank you note that specifies how the aid has helped, may request a three- month extension. No additional forms need to be completed. Just call or email Joe Major before the current**

**membership expires. The cost for the three-month individual membership may be as low as \$5 for an individual and \$10 for the family, depending on income.**

**Financial Aid Approval Process:**

1. Completed applications will be reviewed by the UVAC Financial Aid Committee, generally on Tuesdays.
2. The Committee will issue a decision either approving or denying the application or return the documents to the applicant for clarification or additional documentation.
3. The funds available for aid are limited. When the allocated funds reach a 95% exhausted level, no additional aid will be awarded until the fund is replenished.
4. The Board has the authority to establish the percentage of each individual award.
5. Financial Aid awarded may be greater than, equal to, or less than the percentage requested in the application.
6. Every effort will be made to protect the privacy of applicants.
7. Aid is awarded solely on the basis of financial need. There is no special consideration given to athletic ability.
8. Some memberships may be awarded with restricted use to non-prime times.

**Responsibilities:**

1. Swim Team aid recipients will be expected to consistently attend practices and compete in swim meets.
2. Anyone who has received a membership and fails to use it prevents another worthy applicant from having a membership. Anyone granted memberships and/or program aid is expected to come to the center at least 1-2 times per week and/or attend the class(es) for which the aid was approved, or the aid may be revoked.
3. Recipients and their family members are required to comply with the UVAC code of conduct.



**Financial Aid Application**

Mon-Fri 5:00am-9:00pm

Sat 6:30am-8:00pm

Sun 8:00am-6:00pm

*Pools close 15 minutes early*

**802.296.2850 | www.uvacswim.org**

**Instructions:**

Please complete all sections of this application and return it with supporting documentation to Joe Major, Executive Director, Upper Valley Aquatic Center, P.O. Box 1198, White River Junction, VT 05001.

Your application will be presented to the UVAC Financial Aid Committee for review and recommendation. Funds are limited and are allocated on the basis of financial need. Every effort will be made to keep your application confidential.

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

**Spouse:** \_\_\_\_\_

**Children:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received aid from us before?  Yes  No

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

If you had a previous membership did you use the facility at least 1-2 times a week?  Yes  No

If "no" please explain why? \_\_\_\_\_  
\_\_\_\_\_

**Check the type of aid you are requesting:**

**Membership**     **Swim Lessons**     **Swim Team**     **Splash Camp**

**or list the program that you are interested in:**

\_\_\_\_\_

**Percentage of financial aid requested** \_\_\_\_\_%

**Part One:** You MUST provide proof of eligibility for the following programs;

1. Reduced lunch program, 3Squares, Food Stamps, WIC
2. Medicaid, SSI, TANF, SNAP or other assistance programs
3. If none of the above are available, attach a copy of your latest tax return or SSI check verification

**Extenuating circumstances:** There are financial situations that fall outside of the scope of the aid programs listed above. This may be due to a job loss, death, divorce, illness, injury, etc. If that is the case, please provide a written explanation and attach supporting documentation, e.g., records, certificates, reports, 1040 tax form, paycheck stubs, etc.

**Part Two:** Please provide the following income/expense information. Include all sources of income for **EVERYONE** in your household.

**Household Income**

	<b>Current Year Estimate</b>	<b>Prior Year Actual</b>
Salaries and Wages		
Interest and Dividends (taxable or not)		
Earnings (losses) from self-employment		
Earnings (losses) from partnerships, trusts, estates		
Rent and royalty income (loss)		
Capital gains (losses)		
Unemployment compensation		
Social security or disability benefits		
Other sources of income (include alimony and child support)		

<b>Total Household Income</b>		
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**Selected Expenses**

	<b>Current Year Estimate</b>	<b>Prior Year Actual</b>
Housing (Mortgages, rent, property taxes only)		
College/Post Graduate Tuition (net scholarships)		
Primary/Secondary Private Tuition (net of scholarships)		
Medical (uninsured portion only)		
Dependent care (adult or child)		
Other extraordinary expenses (please describe)		
Alimony		
Child support/child care		

**Part Three:** Please provide the following information concerning what your household owns and what your household owes:

<b>Total Assets</b>	<b>Current Market Value</b>
Cash in banks	
Investments in stocks and bonds	
Less outstanding borrowings	
Net market value	
Accounts and notes receivable from others	
Equity in businesses (market value)	
Houses, including primary, second and vacation homes	
Less outstanding loans	
Net market value	
Automobiles, planes and boats	
Less outstanding loans	
Net market value	
Beneficial rights of assets kept in trusts	
Other assets	
<b>Total Assets</b>	

Debts (other than those listed above)	
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<b>Net worth – Total assets minus debts</b>	
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**Part Four:** Please provide the following information for all members of your household (“Applicant” refers to parent or legal guardian of participant applying for scholarship):

**Applicant:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Applicant’s Spouse:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Applicant’s Dependents:**

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Age: \_\_\_\_\_  
School Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Age: \_\_\_\_\_  
School Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Age: \_\_\_\_\_  
School Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Age: \_\_\_\_\_  
School Name: \_\_\_\_\_

*Please attach additional sheets if necessary.*

**Part Five: Certification**

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

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Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

<b>DO NOT WRITE BELOW THIS SPACE</b>
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Approval by Financial Aid Committee:

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Committee Head Signature \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ Amount / % \_\_\_\_\_

- Membership
- Camp
- Swim lessons
- Swim team

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

Financial aid value \$ \_\_\_\_\_

Notes: