

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 or on our web page.
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 Matthew Young, Associate 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, swim team, 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 6 times per month 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 Matthew Young 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 every three weeks.
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. 1. Swim Team aid recipients will be expected to consistently attend practices and compete in swim meets.
2. 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 6 times per month and/or attend the class(es) for which the aid was approved, or the aid may be revoked.
3. 3. Recipients and their family members are required to comply with the UVAC code of conduct and policies.

Policies and Disclaimers:

1. The membership may be revoked before the conclusion of the 3 month term for any reason, including but not limited to, non-adherence with UVAC policies and procedures or behavioral issues.
2. If less than 6 check ins per month are accomplished during the 3 month term, UVAC reserves the right to discontinue the membership.
3. If a scholarship membership has been expired for 30 or more consecutive days, the applicant will need to reapply to the Financial Aid Fund.
4. UVAC reserves the right to request an updated application from any participating scholarship member at any time.



Financial Aid Application

Mon-Fri 5:00am-7:30pm

Sat 6:30am-4:00pm

Sun 7:30am-3:00pm

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 Matthew Young, Associate 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:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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 (mark each that apply):

Membership Swim Lessons Swim Team Splash Camp

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

	Current Year Estimate	Prior Year Actual
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)		

Total Household Income		
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Selected Expenses

	Current Year Estimate	Prior Year Actual
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:

Total Assets	Current Market Value
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	
Total Assets	

Debts (other than those listed above)	
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Net worth – Total assets minus debts	
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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: _____
DOB: _____
Telephone: _____
Email address: _____
Occupation: _____
Employer: _____

Applicant's Dependents:

Name: _____
Occupation: _____
DOB: _____
Age: _____
School Name: _____

Name: _____
Occupation: _____
DOB: _____
Age: _____
School Name: _____

Name: _____
Occupation: _____
DOB: _____
Age: _____
School Name: _____

Name: _____
Occupation: _____
DOB: _____
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:

Signature of applicant

Date

DO NOT WRITE BELOW THIS SPACE

Approval by Financial Aid Committee:

_____ \$ _____
Committee Head Signature Date Amount %

- Membership
- Camp
- Swim lessons
- Swim team

Applicant co-pay amount \$ _____

Financial aid value \$ _____

Notes:

