

**Town of Twisp 2021 Application for Pool Scholarship**

**(Note: There Are Minimum Pass Prices)**

The Town's Wagner Pool exists today because of the generosity of the Wagner family and the continuing support of the Town and community. Recently, the Friends of the Pool group has put many hundreds of hours and thousands of dollars into keeping our pool alive in our community. These scholarships are provided by the Wagner Foundation to assure valley residents have a safe and fun environment for their children to learn to swim, therefore, we ask that only those who truly need the assistance apply. Please be sure to complete all parts of the application. Scholarships are contingent upon having funds available. Thank you and happy summer!

Name of Applicant: \_\_\_\_\_

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

Phone No: \_\_\_\_\_

Children's Names: \_\_\_\_\_

		<b>Note: New minimum rates for pool pass scholarships</b>	
	Lessons: \$0	# of Children	_____
	Child Pass: \$37.50	Age of Child	_____
	Family Pass: \$100.00	# of Family Members	_____
	Adult Pass: \$62.00		
	Senior Pass: \$50.00		

**Income information- MUST COMPLETE THIS SECTION**

How many people live in your household at least 6 months of the year (including students away at college who qualify as your dependent?)  Household members

**Check the appropriate monthly income level for your household. Include income earned by all members of the household:**

Below \$1,533/mo	<input type="checkbox"/>
\$1,533 - \$1,754	<input type="checkbox"/>
\$1,755 - \$1,971	<input type="checkbox"/>
\$1,972 - \$2,192	<input type="checkbox"/>
\$2,193 - \$2,367	<input type="checkbox"/>
\$2,368 - \$2,453	<input type="checkbox"/>
\$2,454 - \$2,662	<input type="checkbox"/>
\$2,663 - \$2,808	<input type="checkbox"/>
\$2,809 - \$3,158	<input type="checkbox"/>
\$3,159 - \$3,508	<input type="checkbox"/>
\$3,509 - \$3,788	<input type="checkbox"/>
\$3,789 - \$4,071	<input type="checkbox"/>
Over \$4,071/mo	<input type="checkbox"/>

Do you you receive Federal or State assistance?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
I have out-of-pocket medical expenses every month of:	\$ _____
I have out-of-pocket child care expenses per month of:	\$ _____

I hereby certify that the information provided above is a true representation of my household income and understand that if this application is found to be false, I will not be eligible to participate in the scholarship program again.

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

\_\_\_\_\_  
Date

**(For Town Use Only):**

If household has 7 or more persons or income exceeds \$4071/mo, check here:

Household median income level calculated: \_\_\_\_\_

Rates to Charge:

Swim passes: \_\_\_\_\_ Total

Swim Lesson, per session/per child: \_\_\_\_\_ Each session

Household Name: \_\_\_\_\_

# of Members Receiving Scholarships: \_\_\_\_\_

Authorized by: \_\_\_\_\_