

## Town of Twisp 2022 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!

<b>Name of Applicant:</b> _____	<b>Note: New minimum rates for pool pass scholarships</b>	
<b>Address:</b> _____		
_____	Lessons: \$0	# of Children
_____	Child Pass: \$37.50	Age of Child
<b>Phone No:</b> _____	Family Pass: \$100.00	# of Family Members
<b>Children's Names:</b> _____	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
- \$1,533 - \$1,754
- \$1,755 - \$1,971
- \$1,972 - \$2,192
- \$2,193 - \$2,367
- \$2,368 - \$2,453
- \$2,454 - \$2,662
- \$2,663 - \$2,808
- \$2,809 - \$3,158
- \$3,159 - \$3,508
- \$3,509 - \$3,788
- \$3,789 - \$4,071
- Over \$4,071/mo

Do you you receive Federal or State assistance?	<b>Yes</b>
	<b>No</b>
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: \_\_\_\_\_