



# William Shore Memorial Pool District

225 E. 5th Street  
Port Angeles, WA 98362  
(360) 417-9767

## Scholarship Application

### Personal Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Street

City

State

Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

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

Spouse's Employer: \_\_\_\_\_

### **Additional Family Members:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

**\*\*More family members can be added on a separate piece of paper.\*\***

### Income\*

Current Year: \$ \_\_\_\_\_ Previous Year: \$ \_\_\_\_\_ Additional

Income from Financial Aid and/or Public Assistance:

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Type: \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number of family members supported by this amount: 1 2 3 4 5 6 7 8 9 10

Purpose of Scholarship (please circle):

Annual Membership    Annual Membership Plus Exercise    Swim Lessons/Homeschool PE    SPARK Squad

**\*Copies of proof of residency and all financial documentation** from previous year and current year are required and must be attached to this form. Please block out Social Security numbers, this application does not need your SSN.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

Percentage Approved: \_\_\_\_\_ Date Letter

Date Reviewed: \_\_\_\_\_ ○

Sent: \_\_\_\_\_

Proof of Residency attached ○

Staff Initials: \_\_\_\_\_

Financial Documentation attached

Notes: \_\_\_\_\_

Updated 3/24/16

## FEE DISCOUNT GUIDELINES

### William Shore Memorial Pool District

*GOAL: It is the policy of the William Shore Pool to provide financial assistance for entry into pool programs to citizens of the District where the need exists.*

An application for financial aid may be submitted by the applicant at any time. Aid will be decided based on financial need and **available budgeted dollars**.

- **Proof of residency will be required** (copy of utility bill, driver's license, etc.).
- **Proof of annual or monthly income will be required.** (A copy of the past year's income tax form or other information such as pay stubs for the most recent **¼ of the year** will be requested as proof).
- If approved the individual or family will receive a discount on standard fees based on Financial Aid Guidelines. The applicant must pay in full the remainder of the discounted fee. The applicant must bring approval letter at time of payment.
- Financial Aid assistance may not exceed \$150 per individual pass, \$250 per family pass, or 5 sessions of swim lessons per family per calendar year.
- No more than one financial aid request may be submitted per individual/family per calendar year. A new application must be submitted each year to qualify for financial aid for that year.
- Financial Aid is limited to individuals. Groups and organizations are not eligible; they must speak to a Pool Supervisor to apply for group discounts.
- Financial Aid recipients will be notified by outlining the dollar amount and usage requirements.
- No more than 10% of program space will be given away to financial aid participants and only if space is available.
- Scholarships will be awarded on a rotating schedule to prevent exclusion of any applicant.
- Applicant must fill out the Financial Aid Scholarship Application correctly and completely. Any forms not filled out appropriately may be unsuccessful in processing.