

Pool Pass Scholarship Request 2021

Parent/Guardian Name: _____

Town of Residence: _____

Phone Number: _____ Email Address: _____

Mount Vernon Pool's rules for passes:

- **Family** is a parent or parents and children 19 or under in the immediate family who are living in the same residence.
- Only 2 adults can be included on one pass.
- Kids on the pass must live in the same household as the adults and be related to the adults by blood or adoption. Friends may not be included in passes.
- Additional individuals may not be added to the pass during the season.
- If a pass is lost during the year, you must pay \$5 to Mount Vernon Pool to get a replacement pass.

Household Information: (list every individual who will be included in the pass)

Adult 1: Full Name: _____ Age: _____

Adult 2: Full Name: _____ Age: _____

Child 1: Full Name: _____ Age: _____

Child 2: Full Name: _____ Age: _____

Child 3: Full Name: _____ Age: _____

Child 4: Full Name: _____ Age: _____

(For 2 year olds, please include their birthdate. List additional children on the back of this form.)

Financial Need: (please mark all that apply)

- Participant in SELCC Food Pantry
- Recipient of free/reduced lunch
- Recipient of food assistance (SNAP)
- Recipient of Medicaid/Hawk-i
- Financial challenges due to pandemic and/or derecho

Type of Pass & Your Cost:

Single - \$18; Double (2 family members) - \$24; Family (3 or more members) - \$30

Payment options: Cash, Check to SELCC, Credit Card or PayPal

(To pay by credit card or PayPal use the donate button at www.selinn.org)

Applicant Signature: _____

Office Use- Date Form Completed: _____ Date Paid: _____