

Leland & Marilyn Davis

Friends of the Aquatic Center

Scholarship Criteria

The Friends of the Aquatic Center wants to enable all members of the community to be safe in the water. In this spirit, the Friends of the Aquatic Center has created a scholarship program to provide financial aid to assist economically challenged members of the community so that they are able to attend swim lessons offered at the Kingsport Aquatic Center. The following information outlines the program, eligibility requirements, and obligations on the part of scholarship recipients.

Applicant Criteria:

The applicant/household wishing to apply for a scholarship must currently receive one or more of the following benefits:

1. Free or Reduced Price School Lunch Program; **or**
2. Medicaid, SSI, TANF, WIC, Food Stamps, or other public assistance programs

Members of the Kingsport Aquatic Center Advisory Committee, board members of the Friends of the Aquatic Center, and their families are not eligible for scholarships, nor are donors who have contributed money to the Kingsport Aquatic Center or to the Friends of the Aquatic Center.

Extenuating Circumstances:

There may be instances where an applicant is eligible for a swim lesson scholarship due to situations not adequately addressed by the above applicant criteria. This may include things such as a job loss, death, divorce, illness, injury, etc. If that is the case, please provide a detailed explanation and attach all supporting documentation, e.g., records, certificates, reports, 1040 tax form, paycheck stubs, etc.

Application Process:

1. Swim lesson scholarship applications can be obtained from the Aquatic Center's website, www.swimkingsport.com, or from the Kingsport Aquatic Center.
2. Applicants may be asked to provide the latest tax return filing or verification of SSI payments to verify financial need.
3. The Applicant must complete the scholarship application and return it, with supporting documentation, to:
Friends of the Aquatic Center
Kingsport Aquatic Center
1820 Meadowview Parkway
Kingsport, TN 37660
4. Swim Lesson scholarships will not exceed 50% of the cost of the swim lessons. If multiple children from the same family are requesting scholarships for the same session, a scholarship amount exceeding 50% may be awarded for additional children. This is at the discretion of the Friends of the Aquatic Center.
5. All applications must be received three weeks prior to the start of the requested swim lesson session.

Scholarship Approval Process:

1. Fully completed applications will be reviewed by an internal committee of the Friends of the Aquatic Center.
2. The committee will issue a decision approving or denying the applications.
3. The committee may return the application to applicant for clarification or request additional documentation.
4. The committee has the discretion to consider any additional information that it deems relevant.
5. The funds available for the scholarships are limited. When the allocated funds reach a 90% exhausted level, no additional scholarships will be awarded until the fund is replenished.
6. Every reasonable effort will be made to protect the privacy of scholarship applicants.
7. Scholarships will be awarded solely on the basis of financial need. There will be no special consideration given to athletic ability. Friends of the Aquatic Center will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status or age.
8. Approved scholarships will be applied only to the session for which the scholarship was requested. Any future scholarship requests will require submission of a separate scholarship application.

Scholarship Responsibilities:

1. Anyone receiving a scholarship and failing to use it prevents another applicant from having a scholarship. Scholarship recipients MUST attend all the classes for which the scholarship was approved. Failure to attend classes may result in termination of the scholarship, and denial of future scholarships.
2. Recipients and their family members are required to comply with all Kingsport Aquatic Center guidelines, which may be viewed on the Center's website, www.swimkingsport.com.
3. Failure to comply with scholarship responsibilities may result in termination of the scholarship, and denial of future scholarships.
4. If there is a legitimate reason that a recipient is unable to attend classes, a written explanation must be submitted as soon as possible to the Friends of the Aquatic Center, along with necessary documentation (such as a doctor's note).

Leland & Marilyn Davis
Friends of the Aquatic Center
Financial Aid Application



Instructions

Please complete all sections of this application and return it, with supporting documentation, to:

Friends of the Aquatic Center
Kingsport Aquatic Center
1820 Meadowview Parkway
Kingsport, TN 37660

Your application will be presented to the Friends of the Aquatic Center Scholarship Committee for review and recommendation. Please understand that funds are limited and are allocated on the basis of need. There are a limited amount of spots available for each session. Every reasonable effort will be made to keep your application confidential.

Applicant's name: _____ Birth date: _____ Sex: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Medical Information

Does the participant have and medical condition of which the instructor should be aware of? (For example: diabetes, seizures, etc.)

If yes; please explain:

Please list all participants you wish to be a part of the scholarship:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Please circle which summer swim session you are requesting:

September

October

November

Adaptive

Please provide proof of eligibility for the following programs:

1. Reduced/Free lunch program; **or**
2. Medicaid, SSI, TANF, WIC, Food Stamps, or other assistance programs
3. Copy of latest tax return or SSI check verification

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____