



TOWN OF GORDONSVILLE

DIX MEMORIAL POOL
SWIM LESSON SCHOLARSHIP APPLICATION

Applicant Name: _____

Street Address: _____

Mailing Address: _____

Phone: Home: _____ Cell: _____

Email: _____

of Family Members in Household: _____ Annual Household Income: _____

Proof of Income (income documentation must be attached to this application):

- W-2
- Pay statement
- SNAP
- Food Stamps, WIC
- Income Tax Return
- Unemployment statement
- Other _____

Scholarships are not available to anyone who is able to swim up and back the length of Dix pool.

Can swimmer swim up and back the length of Dix Memorial Pool? _____ Yes _____ No

I certify that the information provided on this application is true and accurate to the best of my knowledge and belief. I understand that the awarding of a swim lesson scholarship is based upon inability to swim the length of the pool, the availability of funds in the scholarship program, and meeting the family size and income thresholds as set forth by the Town of Gordonsville.

Signature of applicant

Date

Funding for this program graciously provided by the following:



Office Use Only:

Scholarship request _____ approved FULL PARTIAL (circle one)
_____ denied (reason: _____)