



Faith Callahan
Swim Scholarship

Scholarship Information

Mount Rainier Pool

22722 19th Avenue South
Des Moines, WA 98198
(206) 824-4722

GOAL OF PROGRAM

The goal of the Scholarship program is to ensure that all members of our community have access to all programs provided by the Mount Rainier Pool. The mission of the Des Moines Pool Metropolitan Park District and the Mount Rainier Pool is to enhance our community's quality of life through aquatics. Providing scholarships ensures that everyone can enjoy our programs without financial barrier.

REQUEST PROCESS

Complete the Scholarship Request Form and provide the required documentation. Options are as follows:

- **Option #1: Free or Reduced Lunch Form** (Highline School District, Federal Way School District or St. Philomena's)
- **Option #2: Income Verification Form** (Most recent Federal Income Tax Form or Copy of Two Most Recent Pay Stubs)
Des Moines & Normandy Park residents who are applying for the Resident Scholarship need only show proof of residency.
- **Option #3: Proof of Income Eligibility:** Individuals and families must provide proof of eligibility. Income eligibility will be determined by showing proof of qualification for, or participation in one of the following programs.
 1. DSHS services approval letter for applicant
 2. Applicant is a Foster Child

Please allow 10 Business Days for processing of the Scholarship Request Form.

APPLICATION INFORMATION

1. **Availability:** Scholarships are prioritized to be available to residents of Des Moines and Normandy Park first, and remaining funds to others until funds are no longer available.
2. **Qualifications:** Qualification is based upon the Household Income Guidelines for Free and Reduced Lunch Qualification. The U.S. Department of Housing and Urban Development's (HUD) current "Income Guidelines" will be used for the basis for establishing the award. Students that qualify for free or reduced lunches may qualify. DSHS Services Approval Award Letter and Foster Children will be at the 50% level. The District General Manager has the right to increase the scholarship amount up to 100% based on need. The tables below detail awards based on qualifications.

Residents of Des Moines and Normandy Park:

Free or Reduced Lunch	HUD Income Guidelines	Scholarship Award
	80-50% of Median Income	50% of program or pass cost)
Reduced Lunch	50-30% Median Income	75% of program or pass cost)
Free Lunch	30% or Lower Median Income	90% of program or pass cost)

All Other Scholarships:

Free or Reduced Lunch	HUD Income Guidelines	Scholarship Award
	80-50% of Median Income	25% of program or pass cost)
Reduced Lunch	50-30% Median Income	50% of program or pass cost)
Free Lunch	30% or Lower Median Income	75% of program or pass cost)

3. **Programs:** At this time scholarships are available for swim lessons, passes and water exercise. Lifeguarding and Swim Lesson Instructor certifications may also be covered by the District. Please call the Mount Rainier Pool at 206-824-4722 for details.
4. **Funding Limits:** Scholarships are dependent on funding availability, and awarded on a first-come, first-served basis subject to the rotation policy set forth below. See policy section for individual and family funding limits. Funding is allocated annually and distributed seasonally as follows:

Season	% of Funds Available
Winter/Spring (January – May)	25%
Summer (June – August)	50%
Fall (September – December)	25%

5. **Policy and Procedure:** Additional information on policy and procedures in section below.
6. **Extreme Circumstances:** The District understands that there are extreme circumstances where individuals and families may need additional assistance. Please contact the Mt. Rainier Pool at (206) 824-4722 for more information.

POLICY & PROCEDURES

- All adult (18 & over) of household must provide proof of residency (driver's license, utility bill).
- All fees are due at the time of registration. (No class spots will be held.)
- Incomplete forms will not be accepted. Process will start once form is completed.
- A new form must be submitted each year to qualify for financial aid. Groups and organizations are not eligible for scholarship but may qualify for a group discount.
- No more than 10% of program space will be given to financial aid participants and only if scholarship funds are available.
- Scholarships will be awarded on a rotating schedule to minimize the potential for exclusion of any applicant.
- Scholarships are only for programs at the Mount Rainier Pool, and cover swim lessons, swim passes and water exercise.
- Swim lesson and water aerobics classes must have space available.
- Scholarship request forms that are mailed or dropped off at the Mount Rainier Pool will not be processed until an appointment is made with the Aquatics Coordinator.
- All swim lesson registrants are required to perform a free swim test. Please call the pool to setup a swim lesson test.
- The District General Manager of the Des Moines Pool Metropolitan Park District reserves the right to award up to 100% on swim scholarships.
- The District General Manager will mediate any disputes over Scholarship Awards.

APPLICATION PROCESS

1. Please contact the Mount Rainier Pool for an appointment at (206) 824-4722 or email info@mtrainierpool.com. (Please allow three business days for appointment confirmation).
2. Complete form and provide required documentation. Make sure to bring identification and proof of residency.
3. A missed appointment without notification may be factored into future scholarship requests.
4. Please allow ten (10 business days) to process the application.

QUESTIONS

For any questions, please call the Mt. Rainier Pool at (206) 824-4722.

INFORMATIONAL SHEET (KEEP THIS PAGE)

Please keep the first page of the packet for your reference. The following Scholarship Request Form should be brought to or sent to the Mount Rainier Pool.



MOUNT RAINIER POOL
 22722 19TH AVENUE S.
 DES MOINES, WA 98198
 (206) 824-4722 - INFO@MTRAINIERPOOL.COM



SCHOLARSHIP REQUEST FORM

MOUNT RAINIER POOL – 22722 19TH AVENUE SOUTH
(206) 824-4722 – INFO@MTRAINIERPOOL.COM



PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Contact Phone #: _____

Email: _____

Proof of Residency Provided (Staff Initials _____ /Date _____)

Relationship to Participant: _____

PARTICIPANT INFORMATION

(1) Name: _____

Date of Birth: _____

Age _____

Gender: _____

Program Requesting: _____

Requested Amount: _____

(2) Name: _____

Date of Birth: _____

Age: _____

Gender: _____

Program Requesting: _____

Requested Amount: _____

REQUIRED: I certify that the information on this form is true and correct. I also certify that I have read and agree to the policy and procedures and process communicated on the Scholarship Information Page. I understand that this information is for a potential scholarship and that the Mount Rainier Pool/Des Moines Pool Metropolitan Park District may verify the information I provide on the Scholarship Request Form. I also understand that deliberate misrepresentation of the information may impact me or my household's ability to receive funding now and in the future.

Parent/Guardian Signature: _____

Date: _____

OPTION #1: FREE OR REDUCED LUNCH INFORMATION

Does participant qualify for free or reduced lunches? If no please proceed to Option #2 or Option #3. If yes please complete this section.

My child receives Free or Reduced Lunch at:

Highline School District

St. Philomena

Federal Way School District

Other (Specify*) _____

Parent/Guardian Signature: _____ Date: _____

OPTION #2: INCOME VERIFICATION WORKSHEET

Please complete this section to help us determine your **monthly** household income. Monthly income must factor all of your household including wages, salary, social security, child/spouse support, DSHS (Welfare, Medicaid, WIC, etc.), pension, public assistance, childcare assistance or any other sources of income.

Number of people in household _____

Provided: Most Recent Federal Income Tax Form

Two (2) Most Recent Pay Stubbs

Paycheck

Unemployment

Social Security

Child /Spouse Support

Medicaid

DSHS (Welfare, WIC, etc.)

Other (Specify)

Total

OPTION #3: PROOF OF INCOME ELIGIBILITY

Individuals and families must provide proof of eligibility. Income eligibility will be determined by showing proof of qualification for, or participation in one of the following programs.

Number of people in household _____

- Provided: DSHS services approval letter
- Proof applicant is a Foster Child

TYPE OF FINANCIAL AID

Please list the program you are requesting assistance for:

Swim Lessons: Group Lessons Private Lessons (Must be directed by MRP Staff.)

MRP Pass: 10-Visit 3-Month Annual

Water Exercise: 10-Visit 3-Month Annual

Other: _____

____ (Initial) Are you willing to be photographed or interviewed in support of the Mount Rainier Pool Scholarship Program (if "Yes", please initial). Yes _____ No _____

Swim Lessons Only: I have completed a swim test* (required) at Mount Rainier Pool. Yes _____ No _____

**Swim Tests are administered during Family Swims by staff. Visit www.mtrainierpool.com/schedule to view current schedule.*

I hereby agree to release, save and hold harmless the Mount Rainier Pool and the Des Moines Pool Metropolitan Park District and its respective officials, administrators, staff and volunteers from any and all liability and claims of any damage of injury brought on by me, my family, estate, heirs or assigns arising out of my enrollment or participation in this program except as may arise solely from gross negligence of the Mount Rainier Pool or the Des Moines Pool Metropolitan Park District or from the acts of third parties. My signature below signifies that I voluntarily agree to all of the terms and conditions.

I certify that all of the information provided on this form is true and correct and that all income is reported. I understand that this information is being given for the receipt of a Swimming Scholarship assistance; that District officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me tot prosecution under applicable laws.

Parent/Guardian Signature: _____ Date: _____

NEXT STEP (APPOINTMENT):

Please schedule an appointment by contacting the Mt. Rainier Pool at (206) 824-4722 or email info@mtrainierpool.com

Mount Rainier Pool
22722 19th Avenue South
Des Moines, WA 98198
(206) 824-4722
www.mtrainierpool.com



STAFF USE ONLY

Date Received: _____ Received By: _____

All forms must be returned to the Mt. Rainier Pool. Please allow 10 days for processing from the date the application is received at the Mt. Rainier Pool. Submittal of forms does not guarantee placement in classes or receipt of scholarship .

Approved Denied Amount Granted: _____ Staff Initials: _____

Comments: _____

