

Southern Vermont Recreation Center

141 Clinton Street
PO Box 400
Springfield, VT 05156

Dear Scholarship Applicant,

The Southern Vermont Recreation Center is committed to promoting the health and well-being of all area residents, regardless of income. We are therefore pleased to offer financial assistance to individuals who qualify.

Scholarship funds are made available through a variety of public and private organizations throughout Vermont and New Hampshire. While individual requirements may vary, all scholarships require that the applicant demonstrate a personal investment in their physical health, as well as a significant financial need. **The SVRC therefore expects all scholarship recipients to make a modest financial contribution to their membership;** in some cases, volunteer work for the SVRC may act as a substitute. Other determining factors may include, but are not limited to, age, residency, and physical disability. A minimum monthly usage of the facility may also be required.

If you feel you may qualify for financial assistance, we invite you to fill out our Scholarship Application form. Please be as detailed and specific as possible so that we may best assess your need and properly allocate funds. Any questions may be directed to Christian Craig by calling (802) 885-2566.

We wish you the best of luck in achieving your fitness goals.

Sincerely,

Christian Craig
Executive Director, SVRC

Southern Vermont Recreation Center

Scholarship Program Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Birth date _____ Age _____ Male/Female _____

Social Security Number _____

Email Address _____

Spouse _____ Birth Date _____ SSN _____

Please write the amount in the space provided (if applicable)

How many people in your household, including spouse and children under 18? _____

INCOME

What is the average amount of hours you work per week? _____ /Wk

What is your hourly wage? _____ /Hr.

Do you receive Social Security? _____ /Mo

Do you receive Child Support or Alimony? _____ /Mo

Do you receive Food Stamps? _____ /Mo

Do you receive Pension? _____ /Mo

Do you receive Family Support? _____ /Mo

Is there any other funding you receive? _____ /Mo

PLEASE PROVIDE a copy of your most recent payment stub and proof of any and all income.

DEPENDENTS Please list your household dependents under 18 years.

Name _____ Birth Date _____ Male _____ Female _____

Name _____ Birth Date _____ Male _____ Female _____

Name _____ Birth Date _____ Male _____ Female _____

Name _____ Birth Date _____ Male _____ Female _____

Name _____ Birth Date _____ Male _____ Female _____

Are you interested in volunteering? Yes No

What other information would you like to provide that may help us in reviewing your application?

Amount of money you feel you can contribute per month towards a membership at the SVRC? _____