2025 FAMILY SWIM PASS SCH0LARSHIP REQUEST
Sponsored by Bourbon County Coalition, Key Charitable Trust, The T. B. Baker Trust,
the City of Fort Scott, and generous citizens

DEADLINE TO RETURN THIS COMPLETED FORM
TO BUCK RUN COMMUNITY CENTER IS April 30th.

All family members must follow pool procedures to secure the pass if the application is approved.

Applicant name:_____Phone:_____

Address:_____

Employer(s):_____

The family pool pass is limited to 4 persons, including at least one adult to supervise children. These persons must live in the same household. Children aged two and under have free admission to the pool. Only those listed below will be able to use the pass:

Names:	Relationship	DOB	Age	Sex	Grade
1.)_____	_____	_____	_____	_____	_____
2.)_____	_____	_____	_____	_____	_____
3.)_____	_____	_____	_____	_____	_____
4.)_____	_____	_____	_____	_____	_____

APPLICATIONS MUST INCLUDE PROOF OF HOUSEHOLD INCOME:

Monthly Gross Income		Monthly Expenses	
Total Salary/Wages	$_____	Rent/House Paymt.	$_____
Child Support Rec'd	$_____	Utilities: Gas&Elec.	$_____
Unemployment	$_____	Water	$_____
Cash Assistance	$_____	Transportation	$_____
Food Stamps	$_____	Food	$_____
Other Income	$_____	Phone	$_____

Why are you requesting financial assistance?_____

_____

I certify that the above information is accurate and complete. Providing false information will disqualify me or my family from receiving any assistance through this program now or in the future.

Applicant's Signature:_____Date_____

NOTE: POOL PASSES WILL BE AWARDED ONLY AS DONATIONS ALLOW. MISUSE OF POOL PASS OR BREAKING POOL RULES IN THE PAST MAY PREVENT RECEIVING A 2025 PASS.