



**City of Shaker Heights Pool Pass Grant Application
In Partnership with MYCOM**

General Information:

- All applicants must live within the City of Shaker Heights School District.
- All Applicants must qualify for a school free and reduced Lunch Program. Accepted participants are expected to pay 0% of the cost of the membership if they qualify for the free lunch program and 25% of the cost of the membership if they qualify for the reduced lunch program.
- Grant funds are not guaranteed and are available on a first come first served basis.
- Funding will be available for 2024 Pool Pass Membership(s) only.
- Approval of grant application does not automatically register applicants for membership. Submission of all payments and proper paperwork, must be received prior to registration deadlines.
- Confidentiality: All information provided will be used only to determine the level of scholarship awarded.

Eligibility:

- 1) City of Shaker Heights school district residency required with proof (driver's license, current utility bill, housing lease, etc.). Must be primary residence of participant.
- 2) Acceptance letter for Free and Reduced Lunch program.

Application Process:

Complete the Grant Application Form and attach all required documentation. Incomplete applications will not be considered.

Applications and attachments should be submitted to:

**City of Shaker Heights
3301 Warrensville Center Road
Shaker Heights, OH 44122
Attn: Quiana Player, Business Services Manager**

Phone: 216-491-2580
Email: Quiana.player@shakerheightsoh.gov



CITY OF SHAKER HEIGHTS GRANT PROGRAM

PRIMARY MEMBER CONTACT INFORMATION

Name: _____

Address: _____ City: _____ Zip: _____

Phone: () _____; () _____ Email: _____

PLEASE CHECK WHICH OPTION APPLIES

- My Child(ren) are currently enrolled in:
 Free Lunch Program
 Reduced Lunch Program

Official Letter from school must be included with Application Submission

Participants Name: _____ Date of Birth: _____ Age: _____

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I/We, the undersigned, understand that the information given will be kept confidential. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification.

I agree to pay any outstanding balance I have on my household account after all grant money has been applied.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Date Received: _____

Date Reviewed: _____

Amount Awarded: _____

NOTES: _____
