



*Berwick Area
Swimming Pool Association*

The Ber-Vaughn Pool offers season pass scholarships to those who may not be able to afford such services on their own. We are currently offering three “tiers” of scholarship service; 25% off of our season pass pricing, 50% off, and 75% off, based on family income. Please provide your most recent income tax return, your two most recent pay stubs, and proof of any public assistance with this application as these documents will be used to determine the scholarship tier you may qualify for.

The Ber-Vaughn Pool Scholarship Fund is graciously provided by local residents who feel scholarship opportunities are the most effective way to serve their community, as well as a donation by 11 local church Vacation Bible School groups. Please fill out the attached application and return to the Ber-Vaughn Pool as soon as possible so that we may process your request.

Questions may be directed to Megan Kiliti, Executive Director, at 570-764-3697 or bervaughnpool@gmail.com. Copies of this application are available for download on our website, www.bervaughnpool.org. Applications may be mailed to:

Berwick Area Swimming Pool Association
6084 Park Road
PO Box 64
Berwick, PA 18603

Thank you,

Megan Kiliti
Executive Director
Berwick Area Swimming Pool Association



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Ber-Vaughn Pool Scholarship Application

Name: _____ Date: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Number of adults in household: _____ Number of children in family: _____

List all family members, yourself included, who will be part of this application

Name	Date of Birth	Sex

Combined Household Income: _____ Child Support Received: _____

List membership or programs you are apply for and which family members will participate:

List any special circumstances that contribute to your request for financial assistance. (medical bills, unemployment, etc.)

Sign and date application and attach all documentation requested. Failure to do so may result in rejection of your application.

Signature: _____ Date: _____

