



**Financial Aid Policy Change
Effective January 1, 2018**

Beginning on January 1, 2018, applicants for Financial Assistance for Replex membership, programs, or child care will be approved under the new Financial Aid Policy. Child care is defined as Ranger Days and Ranger Summer Day Camp.

The new policy separates Financial Aid for membership and programs and Financial Aid for Child Care purposes. Financial Aid for memberships and programs will continue to be offered on a sliding scale based off of household size and income with discounts up to 95%. Financial Aid for child care will be based off of household size and income with discounts ranging from 10% - 50%.

Requirements with every Financial Aid application:

- A) Proof of residence of all members of the household over the age of 18*
- B) Proof of income of all members of the household over the age of 18*

Financial Aid memberships are valid for 6 months and must be paid in full at the time of activation. They do not include three free guests passes. Financial Aid memberships are not subjected to a joiner fee charge. In order to continue to receive Financial Assistance, an application must be completed with the required documentation every 6 months.

Sincerely,

Replex Board and Management



Application for Financial Assistance

Primary Member

Date of application: _____

Last name: _____ First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Total number of household members: _____

Additional Household Members

**All prospective members listed below must live within the same household as the primary member. Replex staff reserve the right to request a photo I.D. that includes proof of residency.*

Name: _____ Dob: _____ Male Female

Name: _____ Dob: _____ Male Female

Name: _____ Dob: _____ Male Female

Name: _____ Dob: _____ Male Female

Name: _____ Dob: _____ Male Female

Name: _____ Dob: _____ Male Female

Name: _____ Dob: _____ Male Female

Name: _____ Dob: _____ Male Female

Household Income

Source	Amount	Frequency (weekly / bi-weekly / monthly / annually)
Total		

Please describe any additional circumstances we should take into consideration when determining your eligibility for assistance.

I certify that all information on this form is correct and true to the best of my knowledge. I further understand financial assistance approvals are valid for 6 months.

Signature

Date

Printed name

Please return this completed application and income verification to the Member Services Desk at Replex.