

Village of Shorewood Hills Pool Membership Grant Request Form

FOR ASSURED CONSIDERATION, PLEASE RETURN THIS FORM BY APRIL 10TH.

Send to: **OR** **Email to:**
Attention: Pool Manager **poolmanager@shorewood-hills.org**
Shorewood Hills Village Hall
810 Shorewood Boulevard
Madison, WI 53705

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____

E-mail: _____

Requested Membership Type : _____

Shorewood Hills Pool membership grants may be used to cover up to one-half of a pool membership. Grants are available based on financial need, the expressed value of the pool to the applicant, and the applicant’s ties to the Shorewood Hills Pool community. The Pool Manager and the Village Administrator will review and award grant requests based on these priorities, budget limitations, and the membership availability. Grant applicants will be notified of the award decision by April 13th, 2024, and will need to confirm acceptance. At that time, staff will assist the awardee with purchasing the membership and manually reduce the fee for the membership during the purchase.

Please use the lines below to explain your request. Feel free to attach an additional and/or separate sheet, if necessary.
