



GREENWAY ASSISTANCE PROGRAM

A goal of the Anne Springs Close Greenway is to provide affordable, quality recreational, educational and community activities in the communities we serve. Financial assistance is available to ensure that our programs and facilities are available to all of our neighbors. Owned and operated by the non-profit Leroy Springs & Co., Inc., the Anne Springs Close Greenway receives no tax money to build, maintain and operate trails and facilities. Its operations and financial assistance program are funded in part by the generous donations from individuals and corporations.

- Anyone is eligible to apply for the financial assistance program. If approved, your financial assistance becomes effective when approved. You will need to apply for financial assistance each year. Complete the Financial Assistance Application and provide requested documentation.
- A membership to the Anne Springs Close Greenway is required. Complete the membership form.
- Financial Assistance is provided on a sliding scale based upon household income, household family size, and other financial circumstances. Each application will be considered individually. Completion of an application is not an automatic assurance to receive financial assistance.
- One application should be completed per family. The family includes all people living in your household, related or not, who share in the income of the household.
- You will be contacted by email or phone within seven business days of your application submission. Please ensure your email and phone number are correct. If you have not received any information after two weeks, please contact one of the financial assistance program administrators below.
- We cannot approve an application that is not complete, so be sure to fill out all required information and provide requested documentation.
- We understand that each applicant's circumstances are unique and we encourage you to supply as much information as possible regarding extenuating circumstances or financial status.
- You qualify for financial assistance if you are eligible for the following:
 - Federal free or reduced lunch program. (Expiration date is August 31st)
 - If you are receiving benefits from SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families).
- If you are not eligible for the above, please provide a copy of your IRS Form 1040 or 1040EZ or IRS Return Transcript (instructions included).
- We value your privacy and will keep all information and documentation confidential and secure.
- Financial Assistance is awarded for most membership types, programs, and camps. However, some may not be eligible for financial assistance. We reserve the right to limit the financial assistance amount for a household or individual.
- Financial assistance is not guaranteed and is approved based upon need, program space, and fund availability.
- Financial Assistance Program guidelines are evaluated annually and are subject to change.
- Transportation to and from programs and any additional fees associated with the program are the responsibility of the financial assistance recipient.
- Financial assistance program contact information
 - Tammi Kimbrell tammikimbrell@leroyssprings.com 803-547-1047 or
 - Heather Stahr heatherstahr@ascgreenway.org 803-547-2018
 - Application and documentation may be emailed to membership@ascgreenway.org

GREENWAY ASSISTANCE PROGRAM APPLICATION



Section 1: Personal Information

Applicant Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

City *State* *Zip Code*

Email: _____ Phone: _____ Birthdate: _____

Section 2: Financial Information

Additional Family Members in the Household:

	Name	Date of Birth	Relationship to Applicant
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Do you receive: _____ Free School Meals _____ Reduced School Meals
 _____ Supplemental Nutrition Assistance Program (SNAP)
 _____ Temporary Assistance for Needy Families (TANF)

If yes, please provide a copy of your documentation.

If no, please provide a copy of your IRS Form 1040 or 1040EZ or IRS Return Transcript.

Tax Year: _____ Adjusted Gross Income: _____

Section 3: Certification

I certify that all of the above information is true and correct. I understand that this information is being provided for the purpose of obtaining financial assistance and that Anne Springs Close Greenway staff may verify the information on this application. Deliberate misrepresentation of the information will disqualify me from receiving financial assistance and I may be required to pay back financial assistance received.

Applicant Signature _____ *Date*

FOR OFFICE USE ONLY: Approved: Y / N Expiration date: _____
 Membership % _____ Summer Camps % _____ Child Care % _____ Other Programs % _____
 Review complete and entered, date and initial: _____



Please complete form and return to:
 Anne Springs Close Greenway
 Attention: Member Services
 P.O. Box 1209, Fort Mill, SC 29716
 Or Email to: Membership@ASCGreenway.org

Membership Application

Complex_____ Greenway_____ Scholarship_____ Dog Park_____ Membership Type_____ Group Code_____

 Last Name First Name DOB

 Address

 City State Zip

 Home Phone Cell Phone

 Email Address

Additional Members Living in the Household:

 Name Gender Relationship DOB

 Name Gender Relationship DOB

 Name Gender Relationship DOB

 Name Gender Relationship DOB

 Name Gender Relationship DOB

 Name Gender Relationship DOB

Waiver (Signature Required)

I hereby release Leroy Springs & Co. Inc., (LSC) its directors, officers, employees, agents, or volunteers, from all liability related to loss or damage to personal property or bodily injury, while traveling to/from sponsored events, or while on properties owned by LSC. I/We certify that I /We are covered by an insurance program, which will compensate for injuries incurred while participating in LSC activities. Upon acceptance, I agree to pay dues and abide by all rules and regulations established by LSC. I understand this agreement is to remain in effect until cancelled by either party. Leroy Springs & Company reserves the right to deny or cancel membership participation. **A written notice is required upon cancellation of membership.**

I also grant LSC the right and permission to take and use photographs and or/ sound image/recordings of me or that of a child whom I am the legal guardian, to use for the promotion of advertising and marketing the activities of LSC. I understand that no monetary payment will be made to me for such uses. I release LSC from all claims, for any cause of action arising out of taking and/or use of photos and/or sound and image recordings.

 Signature (required)

 Date

FOR OFFICE USE ONLY: Name:

Member#:

Expired:

Membership Payment Authorization

Leroy Springs & Company, Inc. is pleased to offer you these pre-authorized payment plans for your convenience. If you choose a **MONTHLY** membership, dues will be deducted from your bank account or debit card or charged to a credit card. If you choose a **QUARTERLY** membership, your dues will be printed and sent to you in statement form (see schedule below). This plan allows us to better service your account.

Please complete either the Monthly or Quarterly membership information in the following sections:

MONTHLY BANK DRAFTS:

In order for your request to be processed, you must:

- Complete all items on this form
- Submit a **VOIDED** check from your bank checking or savings account. (*Note: It may be necessary to verify with your bank that your account can be automatically drafted*).

Day account will be drafted: 1st _____ 15th _____ Amount \$ _____

Financial Institution Name

ABA Transit Routing Number (9 digits)

Account Number

I authorize Leroy Springs & Company, Inc. (LSC) to initiate electronic debit entries and to initiate, if necessary, credit entries and adjustments for any debit errors to my checking account or savings account indicated above. I authorize the financial institution named above to debit and/or credit these entries from my account. These payments will be debited each month on the 1st or 15th as indicated above.

This authorization is to remain in effect until I notify LSC in writing of its termination. To cancel this automatic debit, I must provide written notice of cancellation to LSC not less than **30 days** prior to the next scheduled automatic draft. LSC may terminate this payment plan upon notice of two (2) in-sufficient funds transactions. There is a \$30 return service fee for all insufficient bank drafts. Memberships will be immediately terminated if the bank draft account has been closed or a stop payment order is issued by the customer. LSC reserves the right to cancel this agreement without prior written notice. LSC will notify me of any changes in the dollar amount debited from my account. LSC shall not be liable for losses caused by the financial institution's failure to act in accordance to this request.

Customer Signature (required)

Date

Account Holder Signature (if different from customer)

Date

INSTALLMENT BILLING:

_____ Installment bill sent to you on the 10th of the following months: March, June, September, and December.

MONTHLY AUTOMATIC CREDIT/DEBIT CARD PAYMENTS:

Day account will be charged: 1st _____ 15th _____ Amount \$ _____

Credit Card to be Charged (check one): () Visa () MasterCard () Discover () Amex

Date of First Credit Card Draft: _____

Credit Card Number

Expiration Date (mm/yy)

CVV Number

Name on Credit Card

\$ _____
Dues Amount

I authorize Leroy Springs & Company, Inc. (LSC) to initiate charges to my credit card account. I authorize the credit card company named to accept these charges to my credit card account. The quarterly membership payment schedule is listed above. This authorization is to remain in effect for the duration of your membership. To cancel this automatic payment, I must provide written notice of cancellation to LSC not less than **30 days** prior to the next scheduled payment. LSC will terminate this payment plan upon notice of two (2) declined transactions. LSC reserves the right to cancel this agreement without prior written notice. LSC will notify me of any changes in the dollar amount charged to my account. LSC shall not be liable for losses caused by the credit card company's failure to act in accordance to this request.

Customer Signature (required)

Date

Thank you for your membership to the Anne Springs Close Greenway!