



## BRIDGE PROGRAM

A goal of Leroy Springs & Company, Inc. 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 and FLYERS receive 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 31<sup>st</sup>)
    - *Please provide a copy of the lunch letter(s) that you receive from your child's school.*
  - If you are receiving benefits from SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families). (Expiration date is based upon approval period)
    - *Please provide a copy of your approval certificate. Do not send a copy of the EBT card.*
- If you are not eligible for the above, please provide a copy of your IRS Form 1040 or 1040EZ or IRS Return Transcript. (Expiration date is May 31<sup>st</sup>). For instructions on how to request a copy of your Return Transcript, you may visit this link [www.irs.gov/individuals/get-transcript](http://www.irs.gov/individuals/get-transcript)
- 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](mailto:tammikimbrell@leroyssprings.com) (803) 547-1047 or
  - Stephanie Waggy [stephaniewaggy@ascgreenway.org](mailto:stephaniewaggy@ascgreenway.org) (803) 578-9996
  - Application and documentation may be emailed to [membership@ascgreenway.org](mailto:membership@ascgreenway.org)

# BRIDGE 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. (Approval Letter or Approval Certificate)\**

If no, please provide a copy of your IRS Form 1040 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 Leroy Springs & Company, Inc. 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: Tammi Kimbrell  
 P.O. Box 1209, Fort Mill, SC 29716  
 Or Email to: [Membership@ASCGreenway.org](mailto:Membership@ASCGreenway.org)

FOR OFFICE USE ONLY: Name:

# Membership Application

Greenway Membership Type (circle):    Family    or    Individual

Last Name	First Name	DOB
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Address \_\_\_\_\_

City	State	Zip
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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

*Additional Members Living in the Household:*

Name	Gender	Relationship	DOB
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Name	Gender	Relationship	DOB
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Name	Gender	Relationship	DOB
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Name	Gender	Relationship	DOB
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Name	Gender	Relationship	DOB
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Name	Gender	Relationship	DOB
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**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, Inc. 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.

Member#:

Expired:

Signature (required) \_\_\_\_\_

Date \_\_\_\_\_