



City of Peoria  
Rio Vista Recreation Center  
Scholarship Fund

The City of Peoria, Rio Vista Recreation Center has established itself as a community resource for activities that contribute to healthier lifestyles. Classes, fitness equipment, gymnasium, climbing wall, racquetball courts and indoor walking track are just some of the amenities that citizens of all ages utilize on an ongoing basis.

Pass fees were established to help offset annual operating expenses for the Center. While designed to be as affordable as possible, there are individuals and families who are unable to participate due to financial hardship. The Rio Vista Recreation Center Scholarship Fund has been established to assist those who have a demonstrated need to access the center's amenities for up to one year. The Fund can be used for the purchase of any category of pass (youth, adult, senior, two person and family).

Money for the Scholarship Fund is raised through donations and fundraising activities. Tax deductible donations can be made to "Play Peoria, inc." and earmarked for the Rio Vista Recreation Center Scholarship Fund.

**Eligibility Requirements**

Applicants must participate in a State of Arizona or Federal assistance program and attach documentation.

- Aid to Families with Dependent Children (AFDC)
- Supplemental Security Income (SSI)
- Supplemental Security Disability Insurance (SSDI)
- Women, Infants and Children (WIC)
- Reduced Lunch Program/Free Lunch Program
- Subsidized Housing (HUD)
- Department of Economic Security (DES)
- State Foster Care Program – child only

**OR**

Annual Income within Federal HUD-low-income guidelines

**AND**

Applicants must be Peoria residents. Proof of residency required.

**AND**

Pay 20% of the cost of a pass. The remaining 80% will be paid for through the scholarship fund.

## **Procedure**

Applications will be accepted only during published time period. Check online at [www.peoriaaz.gov/riovista](http://www.peoriaaz.gov/riovista) Click on the link for the Scholarship Fund. **The 2010 funding application timeframe: May 15 – June 15. Applications must be received within this timeframe. Applications will not be accepted prior to May 15 or after June 15.**

Complete the application and hand to the Manager on Duty at the Rio Vista Recreation Center. Attach proof of eligibility and residency. Incomplete applications will not be considered.

Completed applications will be reviewed by Rio Vista Recreation Center's Advisory Council and the Rio Vista Recreation Manager. Those applicants who receive funding will be contacted by phone to complete the pass holder registration process.

It is possible that there will be more applications than available funds. When completing an application, please keep the following in mind:

- Priority is given to those applicants who have a medical condition that requires exercise as part of a recovery/treatment plan. A doctor's note on letterhead must be attached.

After that...

- Applications will be reviewed with priority given to earliest submission date.

## **Applicant Requirements**

Applicants who receive funding for a 3 month pass are required to complete the following in order to be **eligible to renew their 3 month pass**. Pass requirements will be reviewed at the end of each 3 month period. This process will be repeated **3 times for a total of one year**. At this time, due to limited funding, the Rio Vista Scholarship Fund will not be available for renewal after one year.

- Every member on the pass must visit the Recreation Center **a minimum of ten (8) times per month** for the length of the pass.
- Each child on the pass between the ages of 13- 17 **are required to participate in a fitness floor orientation** conducted by a certified personal trainer. This is to be completed within the first 30 days of registration. Registration for this can be done in person or over the phone.
- Each adult on the pass is required to attend a minimum of **one Lifestyle Enrichment Series class or one Personal Training Lecture Series** during each 3 month pass. These classes are free of charge but require pre-registration.
- **Each adult** (age 18 and older) is required to participate in a **2 hour personal training session** which will include a health assessment within the first 30 days of registration. This is to ensure that adults on the pass have an individualized plan for using the fitness equipment to achieve optimal results. This will be paid for through the scholarship fund.
- Within the **time period of the final 3 month pass**: Each person on the pass age 13 and older is required to complete a participant survey. Adults are also required to complete a post-health assessment with a personal trainer. This will be paid for out of scholarship funds.
- Not currently receiving Youth Financial Assistance though Peoria Community Services Department (Adults are still eligible).
- Child care (ages 2-8 ) is not included with the scholarship pass; please pick up price flyer at the front desk.
- Applicants must not have a past due balance with the City of Peoria Community Services department.



# RIO VISTA SCHOLARSHIP FUND APPLICATION

## Please complete

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt.: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Family members:** # Adults \_\_\_\_\_ # Children \_\_\_\_\_ (All family member must reside at the same address.)

**This application is for which type of pass?** (Choose One)

\_\_\_\_ Youth (5-18)    \_\_\_\_ Adult (19+)    \_\_\_\_ Senior (62+)    \_\_\_\_ 2 Person    \_\_\_\_ Family

**Name(s) of person(s) to receive assistance (these are the names of the people included in your pass):**

- 1. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F
- 2. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F
- 3. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F
- 4. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F
- 5. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F
- 6. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F

Are any of the above current members? Yes \_\_\_\_ No \_\_\_\_ If so, what is the expiration date? \_\_\_\_\_

Does any individual(s) on the pass have a medical treatment or recovery plan that requires exercise as part of the treatment? Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, please attach documentation from a physician for priority consideration.*

### Initial below:

\_\_\_\_\_ I understand that one of the following are required for the consideration Rio Vista Scholarship Fund.

**Check one:**

- Aid to families with dependent children (AFDC)
- Supplemental Security Income (SSI)
- Supplemental Security Disability
- Insurance (SSDI)
- Women, Infants, & Children (WIC)
- Reduced Lunch Program/Free Lunch Program
- Subsidized Housing (HUD)
- Department of Economic Security (DES)
- State Foster Care Papers
- Tax Return - Year \_\_\_\_\_
- Guardianship Papers

\_\_\_\_\_ I understand that each adult must participate in a fitness orientation and health assessment within 30 days of Registration.

\_\_\_\_\_ I understand that children between the ages of 13 – 17 are required to complete a fitness floor orientation within 30 days of registration.

\_\_\_\_\_ I understand that if, after 3 months, it is determined that I and/or others on my pass are not following through with requirements, my pass may be not be renewed for the next 3 months.

\_\_\_\_\_ I understand that the 3 month pass is renewable for no more than a total of one year.

\_\_\_\_\_ I understand that all members on the pass are required to follow Rio Vista Recreation Center policies.

\_\_\_\_\_ I have read the application requirements and agree to them.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ **(office information on reverse side)**



**FOR OFFICE USE ONLY**

Total amount of assistance:

\$ \_\_\_\_\_

Date: \_\_\_\_\_

**Must have:**

- \_\_\_\_\_ Proof Of Residence  
\*Must attach a copy of Peoria Water Bill
- \_\_\_\_\_ Medical Documentation\*If applicable

**Type Of Documentation provided:**

- \_\_\_\_\_ Aid to families with dependent children (AFDC)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Supplemental Security Disability

- \_\_\_\_\_ Insurance (SSDI)
- \_\_\_\_\_ Women, Infants, & Children (WIC)

- \_\_\_\_\_ Reduced Lunch Program/ Fee Lunch Program
- \_\_\_\_\_ Subsidized housing (HUD)
- \_\_\_\_\_ Department of Economic Security (DES)
- \_\_\_\_\_ State Foster Care Papers
- \_\_\_\_\_ Tax Return- Year \_\_\_\_\_
- \_\_\_\_\_ Guardianship Paper

