

**FINANCIAL ASSISTANCE POLICY**

This policy is available to assist members with the Swan City Rotary Club who find themselves having short-term financial difficulties in covering the Club and/or Meal fee portion of our membership costs. It is the Board’s desire to help members to remain active with the Swan City Rotary Club, however it is not our intention to subsidize any costs needlessly. As a budget amount is designated for each Rotary year towards this subsidy, once that amount is reached, no further applications can be accepted for that year.

Please consider the following prior to applying. Currently, these are the costs of being a member based on 52 meetings/year (costs subject to change during the year):

* You attend 100% of the lunch meetings in person $2309.72
* You attend 50% of the lunch meetings in person and 50% via Zoom $1478.24
* You attend 100% of the lunch meetings via Zoom $646.76

To apply, the member must submit their application via email by completing the requested amount below and ensuring they meet the following requirements:

* The member must consider the four-way test when requesting financial assistance
* The member has been part of the Swan City Rotary Club for a minimum of 5 years
* The member has maintained at least an 80% attendance level in the last year 2 years

The Membership Committee will then review and consider each application received. If approved:

* The member will receive the assistance for the current Rotary year (July 1 – June 30) only
* The member is still responsible for paying for Rotary Dues and Convention Fund, and must keep their account in good standing at all times
* The member is still encouraged to attend club activities/social events, however if there are

costs to attend, the member may not charge that cost to their account

* The member will be required to maintain an 80% attendance level
* The member understands that if their financial situation improves during the Rotary year, they must inform the Executive Assistant in a timely manner and regular fees will be reinstated

|  |
| --- |
| Member’s Name: |
| Financial Assistance Applying For (amount): $ |
| Date (MM/DD/YYYY): |

Please send completed form to our Executive Assistant at: **admin@scrcgp.com**