

DOLPHIN'S SWIM TEAM SCHOLARSHIP APPLICATION

Personal Information:

LAST NAME (Father): _____ FIRST NAME: _____ CELL: _____
 LAST NAME (Mother): _____ FIRST NAME: _____ CELL: _____
 ADDRESS (Not P.O. Box): _____ EMAIL: _____
 ALTERNATE or WORK EMAIL: _____ HOME PHONE: _____
 TOTAL FAMILY SIZE: _____ (Adults & Kids) NAME & AGE OF EACH SWIMMER: _____

Employment & Income Information:

FATHER'S EMPLOYER: _____ Net Monthly Income: _____
 MOTHER'S EMPLOYER: _____ Net Monthly Income: _____

Monthly Expense Information: (Please enter amounts from recent bills – within last 3 months)

Rent/Mtg: _____ Gas: _____ PNM: _____ Water: _____ Cable/Internet: _____ All Cells: _____
 Home Phone: _____ All Car pmts: _____ Car Ins.: _____ Health Ins.: _____ All credit cards: _____
 Please list (and identify) any other monthly expenses not included above: (Use the back of this sheet if necessary)

Special Circumstances: (Explain any special circumstances or expenses. Use the back of this sheet if necessary)

The Dolphin's Swim Team will make every effort to offer financial assistance to any family requesting such assistance, but our resources are limited. Therefore, this assistance may be offered in the form of either scholarships (full or partial) or a flexible payment plan or a combination of the two. Typically, scholarships will only be offered in cases of extreme and demonstrated need. Flexible payment plans, however, will be made available to anyone who requests such a plan. Every application will be judged on its individual merits. However, every family is expected to financially participate to some extent. Please provide us with a realistic amount that your family could contribute on a monthly basis.

Our family could pay \$ _____ per month. (Do not enter an amount less than \$20.00)

The Dolphin's Swim Team expects all swimmers to attend every practice and every swim meet, if possible. We understand that circumstances may prevent a swimmer from being there, from time to time. However, acceptance of financial assistance is an agreement between the swimmer & his/her family that they will attend no less than 50% of all scheduled practices and swim meets throughout the season. Although it is our goal to provide financial aid to everyone who may need it, we want to make sure our limited resources are going to those swimmers and families who are committed to participating in the program and helping the team to be successful. This is demonstrated by attendance. By signing below, you are agreeing to these terms and conditions, if you choose to accept our financial assistance.

 Printed Name (Father) Signature Date

 Printed Name (Mother) Signature Date

Office Use Only

Scholarship Amount: _____ Payment Plan: _____

Notes/Comments: _____

Approved By: _____ (Print Name) _____ (Signature) _____ (Date)