



Southwest Aquatic Team

Long Course/Short Course Scholarship Application

OVERVIEW

Southwest Aquatic Team (SWAT) provides scholarships for monthly membership fees to children, who without financial assistance would be unable to participate in SWAT's swim programs. In certain cases the scholarship may also provide assistance for basic equipment required to participate in SWAT's training and practices. SWAT (El Paso SWAT, Inc.) is a 501(c)(3) non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application. If the number of scholarship applications submitted and approved exceeds the amount available, the scholarships will be awarded by a lottery system. **SWAT does not discriminate on the basis of race, color, national origin, sex or disability in its program and activities.**

ELIGIBILITY

Requirements for eligibility:

- Athletes must be of eligible age to participate in a SWAT Swim Season
- Parents/Guardians commit that the athlete will attend a minimum of **50% of all scheduled practices.**
- Parents/Guardians agree to volunteer **(or find a suitable person to volunteer in their place) 5 hours per** scholarship recipient per season, with a maximum of **15 hours** per family per season. Hours will support SWAT related activities (i.e. hosted swim meets, team events) and must be completed by the end of the season in which the scholarship was granted has completed.
- The maximum amount awarded per recipient family is \$1,560 per calendar year. Per IRS guidelines, SWAT is required to issue a 1099 form to any individual or family that has received \$600.00 or more in funds or compensation in a calendar year.

QUALIFICATIONS

Please provide all information required to help SWAT determine qualifications.

Scholarship consideration will be given to families based on the following criteria:

- Provide a copy of your IRS form 1040 from the recent tax year.
- Receive assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. and can provide written documentation of participation in these programs
- Provide recommendation by school representative, social worker, youth community center workers or other social service representative
- Provide a written statement of immediate financial hardship explaining the current situation. SWAT recognizes that a family may not be receiving formal assistance from the programs mentioned above, yet financial assistance may still be needed to participate in a SWAT Swim Program. In these instances, the SWAT Board of Directors will consider the financial hardship statement to determine scholarship eligibility. Please provide any supporting documentation that may support the facts in your financial hardship statement.
- Complete the application process and read and sign the Terms and Conditions statement.

Incomplete applications will automatically be denied.

El Paso SWAT, Inc
Dbas Southwest Aquatic Team (SWAT)

www.epswat.com



PROCEDURE

Scholarship requests must be submitted to SWAT by 1 month prior to the start of a swim season in order to be considered. March 1st for Long Course, August 1st for Short Course

A parent, guardian, or head of household must complete the application, with all requested information provided. All items on the Scholarship Terms and Conditions must be initialed and the form must be signed and dated.

Incomplete or late applications will be denied.

As indicated above, all of the following must be included to be considered for scholarship:

- Income documentation (i.e. previous year tax returns, current paystubs)
- State or Federal assistance documentation
- Letter from school, social worker, youth community center worker, or other social services representative
- Letter of hardship

The SWAT Board of Directors will consider all scholarship applications completed with all necessary documentation and received by the deadline.

The amount of the scholarship awarded (if any) may be a partial or full scholarship depending on the number of applicants, and amount of scholarship funds available.

The parent, guardian or head of household will be notified in either case of a scholarship being awarded or not.

Approval of a registration scholarship does not register the participant in the activity. Athlete must still register online or in person for the SWAT season for which the scholarship was awarded.



Southwest Aquatic Team Season Scholarship Application Terms and Conditions

“I”, “me” and “my” refer to the adult scholarship applicant.

- _____ 1. By signing this form I certify that the information contained in this scholarship packet is true and correct to the best of my knowledge.
- _____ 2. By signing this form I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.
- _____ 3. I understand that members of the Southwest Aquatic Team Board of Directors consider each scholarship application on a case-by-case basis.
- _____ 4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds are available.
- _____ 5. I understand that unless I am awarded basic equipment as part of my scholarship, I am responsible for any equipment and uniforms required for my child's participation.
- _____ 6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.
- _____ 7. I understand that if any information provided during the scholarship application is deemed inaccurate, Southwest Aquatic Team may immediately terminate my child's privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay Southwest Aquatic Team the full value of any scholarship awarded.
- _____ 8. I understand that if a scholarship is awarded to my child or multiple children, I am required to volunteer 5 hours, per scholarship recipient per season, with a maximum of 15 hours required per season. Failure to satisfy this condition will disqualify me, my child(-ren), and my immediate family from being considered for another scholarship for 12 months.
- _____ 9. I understand it is my responsibility to ensure my child(-ren) attend 50% of all scheduled practices.
- _____ 10. This application is considered private and will not be shared with anyone other than the Board of Directors' scholarship review committee.

Printed Name of Adult Applicant

Signature of Adult Applicant

Name of Scholarship Athlete

Date



ATHLETE INFORMATION			
Athlete's Name:		Age:	Birth date:
Address:			
Street:	City:	State:	Zip:
School Athlete Attends:		Grade:	
Teacher's Name:		School Phone:	
Athlete lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other			
PARENT / GUARDIAN INFORMATION:			
Total Household Annual Income: \$			
Number of dependent children in your household during the last tax year:			
Number of people in your household total:			
Father/Guardian Name:		Occupation:	
Employer Name:		Employer Address:	
Home Phone:	Work Phone:		E-mail:
Father/Guardian Monthly Income (including alimony/child support) \$:			
Mother/Guardian Monthly Income (including alimony/child support) \$:			
Mother/Guardian Name:		Occupation:	
Employer Name:		Employer Address:	
Home Phone:	Work Phone:		E-mail:
Do you currently receive state or federal financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?			
If you receive state or federal financial assistance, is this your sole source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SCHOLARSHIP INFORMATION			
Amount of scholarship requested:	Full \$		Partial \$
Season for scholarship request: <input type="checkbox"/> Short Course -September through February <input type="checkbox"/> Long Course - April through July			
Do you also request additional assistance to purchase basic equipment needed for this swim season? <input type="checkbox"/> Yes <input type="checkbox"/> No			



PREVIOUS PARTICIPATION

What other sport(s) has the child played? _____

Name of Team & Organization _____

What was the monthly cost of that sport(s) played? _____

Has this athlete ever received scholarships before? () Yes () No

If yes:

Which sport(s):

Year(s) :

Amount \$

Please indicate supporting documentation being provided:

() Proof of Income

() Proof of receipt of state or federal financial assistance

() Letter from school, social workers, youth community center workers, or other social services representatives

() Written Personal Statement of Immediate Financial Hardship

() Other (*explain in detail*):