



## SCHOLARSHIP REQUEST FORM

|                             |  |                              |  |
|-----------------------------|--|------------------------------|--|
| <b>Date:</b>                | Click or tap to enter a date.  | <b>Swimmer(s) Name:</b>      |  |
| <b>Parent(s) Name:</b>      |  |                              |  |
| <b>Contact Phone:</b>       |  | <b>Contact Email:</b>        |  |
| <b>Scholarship Request:</b> | <input type="checkbox"/> Hardship<br><input type="checkbox"/> Dues Reduction Program<br><input type="checkbox"/> Volunteer | <b>Hardship Scholarship:</b> | <b>Long-term:</b> <input type="checkbox"/> 6 months <input type="checkbox"/> Full Year<br><b>Short-term:</b> <input type="checkbox"/> 1-3 Months |
| <b>Hardship Request:</b>    | Current Monthly Dues:  | \$                           | <b>Dues Reduction Program Vol.:</b><br><input type="checkbox"/> Carryover from previous Year<br>(Skip Hardship Request Section)                  |
|                             | Monthly Amount You Can Pay:  | \$                           |  |
|                             | Total Financial Aid Requested:   | \$                           |  |

### Hardship Request (additional documentation may be requested)

#### Government Assistance:

No  Yes (If "Yes" complete below)

WCPSS Free & Reduce Lunch  
 Unemployment

Medicaid  
 Social Security

Other: [describe]

List any special circumstances your family is experiencing (*i.e.*, divorce, change in employment, loss of income, death of parent or spouse, etc.)

#### Please share any additional information to support your application:

*I affirm to the best of my knowledge the information provided herein is accurate. I understand that if any of the conditions cited change, I am required to notify the Raleigh Swimming Association's Board of Directors immediately. Failure to comply may result in any awards being rescinded.*

**Printed Name:**

**Signature:**

**Date:**

#### FOR RSA BOARD OF DIRECTOR'S USE ONLY

**Date Received:**

**Amount Requested:**

**Request Approved:**

Yes  No

**Amount Approved:**

**RSA President Initial:**

**Family Contribution:**

**RSA Treasurer Initial:**

**Date:**