



Corporate Scholarship Program Family Application

Dear Applicant:

Thank you for your interest in the STAR Aquatics, Corporate Scholarship Program. Enclosed you will find the application for Scholarship assistance. There are several forms that must be sent back with the application in order for your request to be processed. Please read the following information carefully to ensure the accuracy of your paperwork. Any missing information may result in a delay or a denial of scholarship assistance. All assistance is granted on a sliding scale based on income and need.

The following documents are needed for processing your request:

_____ STAR Aquatics Corporate Scholarship Program Family Application

_____ STAR Aquatics Registration Packet

_____ Copy of the first and second pages of last year's 1040 tax return that was filed with the IRS complete with signatures.

_____ Copy of the two most recent paycheck stubs for all wage earners in the household and proof of ALL other income that comes into the household. (Child support, Social Security, Disability, Unemployment, Schedule C Income from Sole Proprietorships, Partnerships, or Corporations.) This information must be provided for both parents. If it is not clearly indicated on your paycheck stub, please write your name, period of time the checks cover and how often you are paid.

Again, please review all information carefully and use the above reference checklist to mark off that all required information is included when you send your request. If the information is not complete, we cannot process your application for scholarship assistance. STAR Aquatics Coaches and Financial Manager are not responsible for calling and finding missing information. Swimmers cannot participate in practices or meets until the scholarship assistance has been granted and amounts owed are paid.

You will be notified as to the status of your application and the amount of corporate scholarship assistance that you may be granted within 30 days of the receipt of all required information.

STAR Aquatics Corporate Scholarship Program Family Application

This application is not to be considered a guarantee of scholarship assistance. Please print or type the information requested below.

Family Contact Information

Guardian Name(s)	Relationship to Swimmer
1. _____	_____
2. _____	_____

Street _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Name of Potential Swimmer(s):

				STAR Aquatics Location
Last Name: _____	First Name _____	M.I. _____	DOB _____	_____
				# Practices/Week
Last Name: _____	First Name _____	M.I. _____	DOB _____	_____
				# Practices/Week
Last Name: _____	First Name _____	M.I. _____	DOB _____	_____
				# Practices/Week
Last Name: _____	First Name _____	M.I. _____	DOB _____	_____
				# Practices/Week
Last Name: _____	First Name _____	M.I. _____	DOB _____	_____
				# Practices/Week

Family Information:

List information for all individuals not listed above living in the same household who share living expenses (extended family members, additional children, etc.). List only those who can be claimed as dependent on your Federal Tax Return.

Last Name _____	Frist Name _____	M.I. _____	DOB _____
Last Name _____	Frist Name _____	M.I. _____	DOB _____
Last Name _____	Frist Name _____	M.I. _____	DOB _____
Last Name _____	Frist Name _____	M.I. _____	DOB _____

Total number in household _____

Employment Information:

Please complete all information and submit the 2 most recent pay stubs for verification for all persons living in the household who have an income of any kind.

Applicant (or parent/guardian of youth)
Employer's Name and Address

Spouse (or other wage earner)
Employer's Name and Address

Phone #: _____

Phone #: _____

Financial Information:

Total Family Annual Income from all sources including wages, child support, social security or disability payments, welfare, Schedule C income or unemployment.

\$ _____

Other Activities Family Members participate in (music, other sports, clubs, etc.) and financial obligation to those groups:

Type	Monthly Amount (\$)	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Financial Obligations that need to be considered (medical, dental, etc.):

Type	Monthly Amount (\$)	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application? Please explain in detail.

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify STAR Aquatics within 30 days. If I submit false, inaccurate, or omit information, or fail to notify STAR of changes within the 30 days, I may be terminated from the STAR Aquatics, Corporate Scholarship Program. I agree to participate in all of the fundraisers that are offered by STAR Aquatics throughout the swim season, and I understand that all funds raised from my participation in fundraising opportunities will be applied to the growth and improvement of STAR Aquatics. I understand how important volunteers are to STAR Aquatics, and I agree to volunteer my time at STAR Aquatics hosted meets, team activities, team promotions, or any other opportunities that may require my assistance. I consent to the use of photographs of myself and/or anyone in my family for displays, brochures, promotional materials with no compensation to me or my family.

Signature of Applicant

Printed Name of Applicant

Date

Office Use Only:

Total Monthly Fee: \$ _____

Recipient's Monthly Responsibility: \$ _____

STAR Aquatics Monthly Contribution: \$ 15.00

Scholarship Monthly Amount: \$ _____

Date Application and All Information Received in Entirety: _____

Date Approved / Denied: _____

Date Notified: _____

STAR Aquatics Financial Manager Signature: _____