



GOLDEN MARLINS SWIM TEAM

Application for Financial Assistance or Scholarship

What is a scholarship from the Golden Marlins Swim Team?

A Golden Marlins scholarship is a reduced rate or waiver for program fees for the Golden Marlins summer swim program. Program fees may be discounted 25%, 50% or 75% or waived, depending upon need and available funds, as determined by the Marlins Board of Directors, in its sole and absolute discretion. There are no scholarships available for swim equipment, team suits, etc. No more than five full scholarships (waiving the complete program fee), or the monetary equivalent in discounted fees will be awarded per season.

How does a person apply for a scholarship from the Golden Marlins Swim Team?

The parent or guardian of a current team member or a prospective team member must do the following on or before May 31st of the current swim season year:

1. Complete the attached Scholarship Application.
2. Complete all registration materials for the current swim season.

All financial information provided will remain confidential. Other team members will not be informed of a team member's scholarship status.

3. Mail or hand-deliver all of the above information to a Board member on or before May 31st of the current swim season year. The mailing address for the Golden Marlins Swim Team is PO Box 17281, Golden CO, 80402.

Scholarship applicants will be notified within 14 days of submission of the application regarding the status of their application for a scholarship. If an application for a reduced program fee is approved by the Marlins Board of Directors, the reduced program fee must be paid in full and registration completed in order for the swimmer to participate in any practices, activities or meets. The registration for the current swim season will not be considered complete until after the scholarship is approved and the balance is paid in full.

Who is eligible to receive a scholarship from the Golden Marlins Swim Team?

All swimmers who are eligible to participate in the Golden Marlins summer swim program are eligible to apply for a scholarship. Eligibility for a discount in program fees will be determined by the Golden Marlins Board of Directors, in its sole and absolute discretion, but the number of immediate family members in the household of the swimmer and their combined income from all sources will be considered, along with the amount of discount being requested. The Golden Marlins board may condition approval of a discount upon the Applicant's agreement to assist with a specified project for the benefit of the team beyond the normal volunteer requirement.



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Swimmer's Name(s): _____

Applicant's Name (parent or guardian): _____

Applicant's Phone: (day) _____ (night) _____ (cell) _____

Email Address: _____

Discount Requested: ___25% ___50% ___75% ___full waiver (100%)

List additional immediate family members in your household. "Immediate family members" include parents and minor children, but not adult children, grandparents, cousins, uncles, etc. unless they are either dependants of Applicant or primary caregivers for the swimmer and other minors. (You do not need to list swimmer or applicant)

Name	Relationship to Applicant (spouse, child)

List your income. TOTAL INCOME BEFORE DEDUCTIONS (includes wages of all working family members, welfare payments, pension, social security, scholarships and regular contributions from those not living in the household). (Put \$0 if none):

Source of Income	Monthly Income
Applicant's Employment	\$
Other Family Member's Employment	\$
Non-Work Income: Pension/Retirement/ Social Security/Child Support/Alimony	\$
Other	\$
Total Monthly Income	\$

Please include any other information about your situation that may apply to the scholarship.

By signing below, I acknowledge that any deliberate misrepresentation of information will be grounds for disqualification. I hereby certify that all of the above information is complete, true and correct to the best of my knowledge and belief.

Applicant's Signature _____ Date _____

Internal Use Only	
Approved reduction: _____%	
Board Member Signature _____	Date _____
Special project or assignment: _____	