TEAM FERNANDINA STINGRAYS
SHELTON SCHOLARSHIP FUNDS APPLICATION - 2018

Purpose
The Shelton Scholarship raises funds for children between the ages of four and eighteen who demonstrate a sincere interest in participating on the Team Fernandina Stingrays swim team, but who might not otherwise be able to participate due to financial constraints. The Shelton Scholarship was created to honor the memory of Donald Shelton who actively supported his children's participation on the Team Fernandina Stingrays swim team.

Criteria
Youth eligible for assistance must fulfill the following criteria:

- participate in a minimum of two (2) practice sessions per week
- participate in at least three (3) of the scheduled swim meets

Additionally, a parent or guardian of the recipient(s) is required to participate in the tasks required to host a swim meet for each of the meets that his/her child(ren) attend.

Guidelines
Scholarship funds are to be used toward the summer swim season (Apr-Jul) and will be awarded on a first come first serve basis, based on income eligibility.

Amount
The amount of scholarship awarded will be determined by individual family need per the Eligibility Gross Income Charts in the pages that follow. ***The expected family contribution will be due no later than June 1st.***

Submission Requirements
Applications need to be sent in with all necessary documents (i.e., W2, pay stubs, proof of additional income). Please hand-deliver to Jenn Gower or email to info@swimtfs.org.

Questions can be emailed to info@swimtfs.org.

TEAM FERNANDINA STINGRAYS SCHOLARSHIP APPLICATION ELIGIBILITY

ELIGIBILITY GROSS INCOME CHART : - **30% Scholarship (250% FPL)**			
Household size	Yearly	Monthly	Weekly
2	$39,825.00	$3,318.00	$766.00
3	$50,225.00	$4,185.00	$966.00
4	$60,625.00	$5,052.00	$1,166.00
5	$71,025.00	$5,918.00	$1,366.00
6	$81,425.00	$6,785.00	$1,567.00
7	$91,825.00	$7,652.00	$1,767.00
8	$102,225.00	$8,518.00	$1,967.00

ELIGIBILITY GROSS INCOME CHART : - **50% Scholarship (200% FPL)**			
Household size	Yearly	Monthly	Weekly
2	$31,860.00	$2,655.00	$613.00
3	$40,180.00	$3,348.00	$773.00
4	$48,500.00	$4,041.00	$933.00
5	$56,820.00	$4,735.00	$1,093.00
6	$65,140.00	$5,428.00	$1,253.00
7	$73,460.00	$6,121.00	$1,413.00
8	$81,780.00	$6,815.00	$1,573.00

ELIGIBILITY GROSS INCOME CHART : - **70% Scholarship (150% FPL)**			
Household size	Yearly	Monthly	Weekly
2	$23,895.00	$1,991.00	$459.00
3	$30,135.00	$2,511.00	$579.00
4	$36,375.00	$3,031.00	$700.00
5	$42,615.00	$3,551.00	$820.00
6	$48,855.00	$4,071.00	$940.00
7	$55,095.00	$4,591.00	$1,060.00
8	$61,335.00	$5,111.00	$1,180.00

ELIGIBILITY GROSS INCOME CHART : - **90% Scholarship (100% FPL)**			
Household size	Yearly	Monthly	Weekly
2	$15,930.00	$1,327.00	$306.00
3	$20,090.00	$1,674.00	$386.00
4	$24,250.00	$2,020.00	$466.00
5	$28,410.00	$2,367.00	$546.00
6	$32,570.00	$2,714.00	$626.00
7	$36,730.00	$3,060.00	$706.00
8	$40,890.00	$3,407.00	$786.00

Please return the application below with copies of income verification to include:

1. Annual Income: **W2's** or **Tax Return** (*most recent for all 18 and over in the household*)

2. Current Income: **Last two pay stubs** (*for all 18 and over in household*)

3. Proof of Additional Income: **Child support earnings** **Unemployment**
Social security **Self Employment**

APPLICATION

I, _____ understand that I am applying for the Shelton Scholarship Fund for the child(ren) listed below. I further understand and agree to be compliant with the following practice and swim meet participation and volunteer requirements.

- Scholarship recipient must participate in a minimum of two (2) practice sessions per week
- Scholarship recipient must participate in at least three (3) of the scheduled swim meets
- A parent or guardian of the recipient(s) is required to participate in the tasks required to host a swim meet for each of the meets that his/her child(ren) attend.

TFS will use the Federal Poverty Limits for household incomes to determine the percentage that each family is eligible to receive. Funds are limited and will be distributed on a first come first serve basis and the portion of fees that the family is responsible for is due by June 1st.

PLEASE COMPLETE THE FOLLOWING:

1. **Household Size:** How many are living in your household? _____

2. Legal Name of Child(ren) Applying for Scholarship Funds:

First	M.I	Last	Address
First	M.I	Last	Address
First	M.I	Last	Address

ACCEPTED AND AGREED:

Signature & Date	Printed Name	Phone Number

TO BE COMPLETED BY TFS AUTHORIZED PARTY:

Total Fees Due: $_____ Scholarship Eligibility: _____% = $_____

Total Swim Suit Fees: $_____ Total Scholarship Awarded: $_____

Family Obligation (Total Fees Due less Scholarship Eligibility): $_____