

Santa Cruz Swimming Scholarship Application

All Scholarships are awarded based solely on NEED. Proof of need is required for a scholarship to be considered for approval. A “free or reduced lunch” award letter from the School District will suffice as proof of need. Please submit a copy of the letter with your scholarship application.

SCS scholarships provide the following: 1) A 50% reduction of monthly dues.

Families receiving financial assistance will be: 1) required to participate in Team Fund Raising per swim group guidelines and 2) required to contribute volunteer time per swim group guidelines to the team and 3) the swimmer is required to maintain 2/3 attendance per week.

Swimmer’s Name(s) _____

Parent/Guardian Name _____

Billing Address _____

Phone _____ Email _____

Swimmer’s Group(s) (or # of swimmers in each group, for a family with multiple swimmers)

_____ Basic _____ Intro _____ IMR _____ A Team _____ JO Team _____ Sr. Fit

_____ Sr. Prep _____ Sr. Comp

Please explain below why you think your swimmer(s) would be a good candidate to receive a SCS scholarship:

Scholarships are awarded for the remainder of the current calendar year only. Please be aware that all information you provide will be held in the strictest of confidence and will only be used to determine eligibility for SCS scholarship funds. We want to help as many families as possible each year and funds are limited.

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If the Santa Cruz Swimming Board of Directors awards your family a need-based scholarship so that your child(ren) may participate in the SCS swim program, SCS agrees to the following: 1) A 50% reduction of monthly dues.

In return for this benefit the scholarship recipient family and swimmer agree to the following requirements. Please read and initial all of the items below:

_____ I/we understand that our family must be eligible for the USDA free/reduced lunch” program in order to be considered for a SCS scholarship. We agree to provide the club treasurer with a copy of our “free/reduced lunch” eligibility letter from our swimmer’s school district with our scholarship application.

_____ I/we understand that our family is required to meet the SCS annual fundraising requirement under the swim group guidelines for fundraising. Failure to participate in SCS fundraising opportunities may be cause for revocation of the SCS scholarship.

_____ I/we understand and agree that adult members of our family are required to contribute volunteer service hours per swim group guidelines. This includes time spent volunteering at SCS-hosted home swim meets, helping out when needed at the pool, and any other opportunities that may arise.

_____ I/we understand and agree our swimmer will be required to attend a minimum of 2/3 of all scheduled weekly practices. Please arrange with your coach if there are to be any extended absences from the pool.

_____ Although provided as a benefit, I/We understand that our swimmer(s) are not required to attend any swim meets. Home meet entry fees will be not paid by SCS; the family will be responsible for any coach fees required. Additionally, if we decide to attend any OUT-OF-TOWN swim meets, we understand that ALL fees will be the responsibility of our family and SCS will not contribute for such meets.

_____ I/we understand that this scholarship will be considered effective as of the date scholarship approval. Monthly dues accrued before approval will not be covered by scholarships.

_____ I/we understand that scholarships are awarded for the duration of the current calendar year only. We understand we may reapply in subsequent years if we are eligible and in need of future financial assistance.

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Swimmer's Name(s)

Swimmer's Group (s)

Parent/Guardian Name (s)

Phone

Billing Address

e-Mail Address

I/we have read the above requirements for the Santa Cruz Swimming scholarship award. As the responsible parent/guardian for the above named swimmers, we agree to be responsible for meeting all of the above requirements:

Parent/Guardian signature(s):

Date: _____

If both your Scholarship Application and Agreement are approved by the SCS board, an SCS Team representative will review the program requirements with you when returning your copies of these forms.

I have reviewed all of the program requirements with the above named parents and have accepted their agreement for the SCS scholarship program.

SCS Team

Representative: _____

Date: _____