

Date Received _____
Date Approved _____
Notification _____

PIERRE SWIM TEAM SCHOLARSHIP REQUEST FORM

This is an application form for financial aid towards session fees. While we are a not-for-profit organization, we depend on session fees, fundraising and donations to help maintain our swimming program. We are committed to serve people and expect participants to pay a fee based on their financial ability. The Pierre Swim Team will award scholarships based on the available financial resources. Please complete the information and return to the President of the swim team. The Pierre Swim Team Board of Directors will review your application and you will be contacted when a decision is made regarding your application. Please allow 2-4 weeks.

Applicant's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone#: _____ Work Phone #: _____

Emergency Contact: _____ Phone #: _____

Applicant's Employer: _____ Title/Position: _____

Spouse's Employer: _____ Title/Position: _____

Members in Household: ____ Number of Adults: _____ Number of Children: _____

Monthly Gross Income from all Sources \$: _____

Total Annual Gross Family Income \$: _____

Please provide a copy of your most recent pay stub(s) and/or copies of other financial assistance received. We need documentation of your current household income.

List any extraordinary or unusual expenses (e.g. medical, educational loans, etc.)

Type of expense

Amount paid per month

1. _____

2. _____

3. _____

Explanation of Expenses: _____

Please list names of all dependents in your household below:

Name (First and Last)	Sex	Relationship	Employer/School	Date of Birth

Why do you need assistance? _____

Have you researched other scholarship/assistance opportunities? If so, which and have you been awarded any? _____

Are there other skills or service you would be willing to provide the team? _____

I/We feel that I/we can afford to pay \$_____ toward the swim fees.

I certify that the above information is true and complete to the best of my knowledge.

Signed _____ Date _____
(Parent or Guardian)

Pierre Swim Team Approved Scholarship

Approved by _____

Date: _____

Conditions: _____