Scholarship Application for Dues

Elko Swim Team
PO Box 2721
Elko, NV 89801
elkoswimteam@gmail.com

Parent/Guardian Name: _____

Swimmer(s) Name(s): _____

Address: _____ *City:* _____

Primary Phone: _____ *Email:* _____

Number of People in household: _____ *Annual Household Income:* _____

Date Swimmer(s) would like to begin practice: _____

Has the Swimmer(s) previously been on the team? y/n *If yes, date last enrolled:* _____

Scholarship is requested for:

- ◯ Team Registration Fees
- ◯ USA Swimming Registration Fees
- ◯ Monthly Dues for a Full Swim Season (12 months)
- ◯ Monthly Dues for _____ Months
- ◯ Summer Season Dues Only

In a few sentences, please describe any previous swimming experience and how swimming and the scholarship would benefit your family (feel free to continue on the back)

_____

_____

_____

_____

I understand that if I receive a full or partial scholarship that the Elko Swim Team is a competitive team and that I will be able to participate in regular swim practice. I am making a commitment to arrive on time and participate fully with the team.

_____ _____
Swimmer 1 Signature Date

_____ _____
Swimmer 2 Signature Date

As the parent or guardian, I will make arrangements for my swimmer to attend practices regularly. *I understand that my swimmer(s) will be expected to attend at least two swim meets (one if a summer only swimmer) at my own expense. I also commit my time to volunteer at the Elko Swim Meet, held the last weekend of June.*

_____ _____
Parent Signature Date