



# Virginia Gators of Harrisonburg

## Scholarship Application

Please complete all sections and submit documents via email to [hburggators@gmail.com](mailto:hburggators@gmail.com).

### Section 1 - Parent/Guardian and Participant Information

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home/cell): \_\_\_\_\_ Application Date: \_\_\_\_\_

#### Select a Program:

Swim team: must be able to swim all four strokes

Clinics: swimmers must be able to swim a full length of the pool without stopping and without assistance. Must also be able to submerge face without plugging nose.

Names of eligible children:

*Office Use Only*

	Child's Name	Age	Program	Fee	Approved
1					
2					
3					
4					
5					
6					

**Section 2 - Income Eligibility.** Proof of all income and/or qualifications must be provided at time of application. Accepted proof of income (must be current): National Free or Reduced Meals Program verification form; Medicaid card; Food Stamp (SNAP) letter; other documentation that is consistent with the Income Eligibility Guidelines for the National School Lunch Program.

Number of people living in the home of applicant \_\_\_\_\_

Total Monthly Gross Income: \$ \_\_\_\_\_  
(include wages/salary, public assistance, alimony/child support, other income)

I understand that showing proof of income or eligibility will be required. By signing below, I verify that the information provided in this application is true. Further, I understand that this application will be reviewed by the organization, and I may be contacted to provide additional information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# in Home	Annual Income Below
1	\$17,667
2	\$23,803
3	\$29,939
4	\$36,075
5	\$42,211
6	\$48,347