

Chesterfield Aquatic League (CAL)
2024 Scholarship Application Form

Name of Applicant: _____

Address: _____

Email Address: _____

Name of Parent(s)/Guardian(s): _____

Home Phone number: _____

Parent(s)/guardian(s) email address: _____

CAL Team(s): _____

Years of Participation: _____

CAL or Team Awards won: _____

CAL Coaching or Volunteering experience (position title and years): _____

Name of CAL Parent Representative: _____

Name of CAL Director: _____

High School Attended: _____

High School GPA: _____

College or University Attending: _____