

## Application for Manhattan Marlin Scholarship

The Manhattan Marlins swim team provides a scholarship program to families in need or those for whom special consideration has been granted. Scholarships will cover the monthly fees for a year and can be renewed on an annual basis following reapplication by the swim family. Costs associated with registration, meet entries, and equipment are the responsibility of the swim family. In addition, the swim family is expected to provide volunteer service to the club in accordance with the current volunteer policy.

Please complete the following form and submit to the President of the Manhattan Marlins swim club. (Attn: Scholarships, Manhattan Marlins, P.O. Box 1003, Manhattan, KS 66505)

	Income	Chart	
Household Size	Annual	Monthly	Weekly
1	\$17,705	\$1,476	\$341
2	\$23,736	\$1,978	\$457
3	\$29,767	\$2,481	\$573
4	\$35,798	\$2,984	\$689
5	\$41,829	\$3,486	\$805
6	\$47,860	\$3,989	\$921
7	\$53,891	\$4,491	\$1,037
8	\$59,922	\$4,994	\$1,153
For each additional member add ....	\$6,031	\$503	\$116

\_\_\_\_\_   
 Last name(s) of family

\_\_\_\_\_   
 Mailing address, city, zip code

\_\_\_\_\_   
 Telephone Number

1. Swimmer(s) information. Please print each swimmer's first and last name.

\_\_\_\_\_   
 \_\_\_\_\_   
 \_\_\_\_\_

2. Please list all adult members of the household.

	Earnings from work before deductions	Welfare, Child Support Alimony	Pensions, Retirement, Social Security	Other	Check if NO income

*I certify (promise) that all information provided on this application is true and that all income is reported. I agree to inform the President of the Manhattan Marlins should this information change at any time during the year. I understand that my swimmer(s) will be considered for a scholarship (i.e. monthly fees for the period of one year) based on the information provided. I understand that I will be responsible for additional fees related to registration, meet entries, and equipment. I understand that I will be expected to provide volunteer service to the organization in accordance with the current volunteer policy.*

*Sign here X* \_\_\_\_\_ *Date* \_\_\_\_\_