

Ellertson Family Scholarship

The Ellertson Family Scholarship fund was established in 2008 to assist families with children who love swimming, but would not be able to swim because of financial hardship. PAC will consider granting scholarships based on the application and the availability of scholarship funds. If you would like to be considered for a scholarship, please fill out a scholarship application form. **Scholarships cover only monthly dues. Swim meet fees, volunteer hours and merchandise costs will be billed and payable by the family regardless of scholarship status.**

PAC offers financial assistance for families unable to meet the full monthly dues payment schedule. In order to be considered for financial assistance, the following criteria must be met:

1. Submit completed application with:
 - a. documentation that your child is eligible for free or reduced lunch
 - OR**
 - b. documentation supporting financial hardship such as job loss or long-term illness.

2. Have your swimmer's coach submit a letter acknowledging the swimmer's and family's commitment to PAC.

In the envelope provided, submit the application with documentation to your site coach. The coach will get your application and the coach's letter to the Scholarship Committee Chair. The committee will review your application and recommend approval or denial to the board. You will be notified after the board's decision.

Scholarship Committee Chair: Janis McDowell. Contact Janis with questions about scholarships at janismcdowell@qwest.net or 503-244-1763.

PAC is a dues-funded organization. Therefore, scholarship money is limited. Granting scholarships is based on a review of the information submitted to the scholarship committee in conjunction with budget considerations. The PAC Board will determine by the November meeting how much funding is available for the year.

PAC Scholarship Application Form

All information provided is confidential.

Family Information			Scholarship Application Date:	
Parent or Guardian Name:				
Address:		City:	State:	ZIP:
Contact Phone:	Email:			
Swimmer Information			Initial PAC Start Date:	
Swimmer's Name:				
Current PAC Group:		Current Monthly Dues Paid for 1 st swimmer: \$		
2 nd Swimmer's Name (if applicable):				
Current or Intended PAC Group		Current Monthly Dues Paid: (if current swimmer) \$		
Dollar amount requested for PAC to contribute towards monthly dues: \$ _____ <i>Examples only: Please pay \$50/month</i> or you may enter amount as a percentage of monthly dues. _____% <i>or Please pay 50% of monthly dues</i>				
Is your child enrolled in the Free or Reduced Lunch Program? Yes <input type="checkbox"/> If yes, please attach documentation No <input type="checkbox"/> If no, please indicate the reason for the request below				
Reason for request: Include any information you feel is relevant to your application. Use additional sheet if necessary.				
Parent or Guardian's Signature:				