**SCHOLARSHIP APPLICATION**

Swimmer Name:

Squad:

Number in Household 18 & over:

Number in Household under 18:

List **all** household income for each category for the past twelve months:

Gross Wages

Public Assistance, Child Support, Alimony

Pensions, Retirement, Social Security

Permanent Fund Dividend Payments

All Other Income

Total Income

Statement of Need:

Select type of scholarship you are requesting and list how much are you willing to pay?

Trial Membership Fee $ 75

USA Registration Fee $ 81

Annual Facility Fee $100

Swim Shop varies

Facility Fee varies

Travel/Meet Fees varies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

Printed Name:

Email Address:

Phone Number:

**Required Attachments:**

* **Copies of two most recent pay stubs for each wage earner OR most recent tax return showing Adjusted Gross Income.**

*This program is partially funded by the City and Borough of Juneau through sales tax revenues.*