

CUSD Aquatics Scholarship Application

The policy of Clovis Unified School District is not to hinder a child from learning to swim or compete in aquatic sports because of lack of ability to pay. A scholarship fund has been set up for such a purpose. This scholarship shall cover a portion of monthly dues. Travel and entry fees shall be paid by the swimmer's family.

The application process is initiated by completing this application and submitting it to the CUSD Aquatics Office. Scholarship status will be reviewed periodically by the Aquatics Manager. CUSD reserves the right to rescind a scholarship if the scholarship recipient's financial circumstances no longer meet criteria for scholarship. The term for each scholarship is from September 1 to August 31 and must be renewed annually.

Scholarship Criteria

1. If applicant is a CUSD student, he / she must participate in their Jr. High or High School Swimming, Diving, and/or Water Polo team. Scholarship recipients must remain in good standing with their school teams.
2. All applicants must provide proof of total income based upon their latest 1040 Federal Tax Return.
3. 40% and 70% scholarships are awarded based on the Income table provided.
4. Criteria for financial hardship include, but are not limited to:
 - a. Diminished family funds due to loss of job or death of parent or guardian
 - b. Parent is recalled to active duty in the U.S. Military
 - c. Recipient of school lunch program

CUSD Aquatics Scholarship Request, 1690 David E. Cook Way, Clovis CA 93611

Name of Student(s): _____

Address: _____ City, State: _____ Zip Code: _____ Birth

Date: _____ Telephone Number: _____ Work

Number: _____ Cell Phone Number: _____

E-mail: _____

Please briefly explain your reason for requesting scholarship:

All applicants must attach proof of income from latest 1040 tax form(s). Number of persons in Family or Household:

_____ Adults _____ Children

Do you have any income that is not reported on your 1040 Federal tax form?

Yes _____ No _____ If yes, please list amount per month _____

I certify that the above named child is my dependent and that the information contained on this form is correct. By signing this application, I agree to notify CSC Aquatics Office when my financial circumstances improve and I no longer require assistance.

Print Name of Parent/Guardian: _____

Signature: _____ Date: _____

Office Use Only: Eligible for Scholarship: Yes _____ No _____

Scholarship Amount Approved: 70% _____ 40% _____

Scholarships are awarded based on the income guidelines attached. 40% scholarships may be awarded after careful review of unusual circumstances or financial hardship.

Family notified/Date: _____

Signature: _____

Aquatics Manager

Automatic Scholarship Qualification

Total earned income must be less than the amounts indicated on the table provided below:

Persons in family	70% Scholarship	40% Scholarship
1	\$13,494	\$19,494
2	\$18,941	\$26,226
3	\$23,803	\$32,958
4	\$28,665	\$39,690
5	\$33,527	\$46,422
6	\$38,389	\$53,154
7	\$43,251	\$59,886
8	\$48,113	\$66,618

***Total Income:** includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources, before taxes or other deductions.