



Space City Aquatic Team seeks to assure that no athlete is deprived of the opportunity to participate on the team for want of financial means. To this end, a limited scholarship fund has been created to help defray the costs of SCAT Swim Team membership. To assure the equitable allocation of these funds we ask that you complete an application. The application is confidential and will be handled by the Head Coach, President and Treasurer of the BOD to ensure your privacy. The fact that a family is receiving financial assistance will not be disclosed outside of these board members.

Note: A separate application must be filled out for each swimmer. The awards within a family may vary.

Before submitting your application, please read and be ready to adhere to the following guidelines if your application is approved.

1. To stretch our funds as far as possible, the committee gives preference for partial awards. The scholarship will cover between 25% and 50% of the month dues. You will, however, still be required to pay your annual team and USA Swimming Registration. There is help available for the USA registration and meet fees, direct from our LSC and USA Swimming.
2. All scholarship families are required to fully participate in all fundraising efforts, team-wide events and volunteer a minimum of 15 hours **per season** to the team.
3. Scholarships will be awarded in September and April of each year that there are funds available. Each scholarship is only good for the length of that season. Those wishing to receive the scholarship the following season must apply.
4. Receipt of Scholarship in one season does not guarantee receipt in a following season.
5. Misconduct, as defined by the USA Swimming Code of Conduct, is grounds for loss of scholarship.



SCHOLARSHIP APPLICATION

Year: _____ Long Course Short Course
Check One: New Returning Family

Primary Adult Name: _____ Secondary Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Swimmer: _____ Group: _____

Swimmer: _____ Group: _____

Swimmer: _____ Group: _____

List all other member(s) of your household, do not include swimmers or adults listed above:

Name	Employer/School	Birthdate	Relationship to Primary Adult

Please share why you are applying for scholarship assistance:

Please itemize your gross annual income for all members of your household.

	Your Income	Spouse's Income	Other Income
Salary, wages & tips			
Business / Self-Employment			
Unemployment			
Social Security			
Disability (SSI / Veterans)			
Retirement/Pension			
Alimony			
Housing Allowance			
Child Support			
Other Aid for Children			
Food Stamps			
Other			
Total Income			

Submit your completed application to the head coach with the following:

Most recent Federal Tax Return, all forms and schedules.

Applications received without the above documentation attached will be returned unprocessed.

I certify that this information is true and complete to the best of my knowledge. I agree to notify SCAT's Board of Directors if my financial status or household size should change.

Signature: _____ Date: _____

BOD Review: <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> 25% <input type="checkbox"/> 50%	Date: _____
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