

CAST Scholarship Application

Please be aware that all information provided will be held in the strictest confidence. The information you choose to provide will be used exclusively to determine eligibility and ranking for scholarship funds. Please remember funds are limited. We hope to help as many of the families that need help as we can.

Swimmer Information

Last Name _____ First Name _____ Middle _____ Birthday _____

Squad Level: _____

Parent or Guardian Information:

Last Name _____ First Name _____ Street Address _____

City _____ State _____ Zip _____ Email _____

Do you volunteer on any of CAST's fundraising opportunities?

In what other areas have you or do you plan on contributing to CAST?

Why do you feel that you are eligible for a scholarship?

CAST Scholarship Application - Information & Rules

SCHOLARSHIP INFORMATION AND RULES:

1. Families are eligible to apply for a scholarship after they have been on the team for six months.
2. Scholarships are good for one half of the monthly dues for a period of three months. The swim year starts in September and ends the following August.
3. Scholarships are awarded as a portion of your monthly dues with the total award not to exceed one half the monthly dues for a total of three months. They are determined by a number of factors, including but not limited to: need, number of families applying, and amount of scholarship dollars available.
4. Swimmers that are awarded scholarships must attend at least 60% of all practices every month of their scholarship period.
5. Families awarded scholarships will be expected to contribute to their volunteer hour requirements.
6. Monthly dues are always paid in advance. The scholarship dollars that are awarded will be applied to your amount after you pay your half of the dues. If you fail to pay your portion of the fees by the 5th of each month, you may lose your scholarship.
7. If you are having problems or questions please notify the CAST board.
8. Swimmers are encouraged to seek outside sponsors to assist with dues and associated costs.

Remember the scholarship fund was created to assist families in need. We hope to be able to assist any swimmer if they have the desire to swim with CAST.

Printed Name _____

Date _____

Signature _____