



Do it for you, do it for them, do it For Scout!



SCOUT CANTRELL YOUTH AQUATIC SCHOLARSHIP APPLICATION

YOUTH APPLICANT INFORMATION

| | | |
|---|-----------------------------------|------------------|
| Name: | | |
| Date of Birth: | Age: | Phone: |
| Current Address: | | |
| City: | State: | ZIP Code: |
| Scholarship Program Request (Please check one) | | |
| Scout Cantrell Learn To Swim _____ | St. Charles Aquatics _____ | |

PARENT / GUARDIAN INFORMATION

| | | |
|------------------------------------|----------------------------|------------------|
| Parent / Guardian Name #1: | | |
| Address: | | |
| Phone: | E-mail: | How Long? |
| City: | State: | ZIP Code: |
| Total Household Dependents: | Household Income *: | |
| Parent / Guardian Name #2: | | |
| Address: | | |
| Phone: | E-mail: | How Long? |
| City: | State: | ZIP Code: |
| Total Household Dependents: | Household Income *: | |

* Both parents / guardians need to show proof of residency & recent pay stubs

SCHOLARSHIP ASSISTANCE REQUEST

Please provide a brief description for the scholarship need:

SIGNATURES

I authorize that all enclosed information provided to be true and factual in justifying the request for the Scout Cantrell Youth Aquatic Scholarship need.

| | |
|--|--------------|
| Signature of Parent / Guardian: | Date: |
|--|--------------|

- The Scout Cantrell Youth Aquatic Scholarship is a mission of the "For Scout Foundation", which is a 501(c)3 nonprofit charity.
- This financial need scholarship application is per session and all enclosed information is confidential.
- Scholarship space is limited for each session and all decisions are final based on the above information provided to the "For Scout Foundation".
- **Note:** If this scholarship application is approved, the St. Charles Aquatic registration will be the responsibility of the applicant.