**RCAC Orcas Swim Team Scholarship Application**

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| **Date:** | **Season Scholarship is needed:** | |
| **Swimmer:** | | **Age:** |
| **Parents:** | | **Phone Number:** |
| **List all seasons previously completed with RCAC:** | | |

**Please include one of the following items with your application:**

\_\_\_\_\_\_\_\_ Award letter for Free or Reduced Lunch

\_\_\_\_\_\_\_\_ Copy of 1040 tax form

**Briefly describe the reasons why the swimmer is applying for a scholarship, such as financial constraints and any other extenuating circumstances that may be relevant.**

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**Date Reviewed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ **Approved** \_\_\_\_\_**Disapproved**

**Committee/Board Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_