



Triangle Aquatic Center

"Making a Splash In Our Community"



TAC TITANS Swim Team Opportunity Scholarship Application

Swimmer Information

Name _____ Date of Birth ____/____/____ (M/D/Year)

Address _____

Street

City, State, Zip

Sex F M

Parent/Guardian Contact Information

1st Guardian Printed Name: _____ E-mail _____

Daytime Phone _____ Home Phone _____ Cell _____

Occupation: _____ Employer: _____

1st Guardian Signature: _____

2nd Guardian Printed Name: _____ E-mail _____

Daytime Phone _____ Home Phone _____ Cell _____

Occupation: _____ Employer: _____

2nd Guardian Signature: _____

Statement of Responsibility:

I understand that TAC TITANS will be relying on the information provided above in consideration of granting scholarship funds. All the information provided is true and complete to the best of my knowledge.

Applicant's (Parent/Guardian) Signature

Date