



Splash Club Scholarship Policy

The team may, from time to time, elect to grant scholarships to prospective swimmers by waiving portions of the fees associated with the team. All requests for scholarships shall be decided by a Scholarship Panel as determined by the Board of Advisors. The Scholarship Panel will consider: the parent or guardian’s financial condition, ability to pay, the USDA National School Lunch Program’s reduced price meals income eligibility guidelines for the current year (Table 1.0), and other pertinent factors that may be brought to the Scholarship Panel’s attention. All scholarships shall be subject to the following:

1. Scholarships shall be granted for not more than one swimming year at a time (September through August).
2. Notwithstanding the foregoing, any scholarship may be terminated at any time upon notice to the swimmer and family.
3. Scholarships may be granted for any practice group with the exception of the Splashers lessons program.
4. Each scholarship recipient shall be expected to pay a portion of their Coaching Fees unless the Scholarship Panel considers the case to be of extreme financial hardship.
5. Volunteer commitments must be met.
6. The Swimmer and Parent/Guardian must abide by all applicable Codes of Conduct, which includes but is not limited to USA Swimming’s Codes of Conduct and Safe Sport policies and Splash Club Codes of Conduct

Reduced Price Meals Income Eligibility Guidelines 2019-2020		
Household Size	Income Guidelines	
	Annual	Month
1	\$23,107	\$1,926
2	\$31,284	\$2,607
3	\$39,461	\$3,289
4	\$47,638	\$3,970
5	\$55,815	\$4,652
6	\$63,992	\$5,333
7	\$72,169	\$6,015
8	\$80,346	\$6,969

Table 1.0

Source: USDA Income Eligibility Guidelines July 1, 2019- June 30, 2020



Splash Club

Splash Club Scholarship Application

Please complete this Application and provide copies of the following. (These documents are required to review your application.)

- Copies of your most recent pay stub(s) **and**
- Last year's federal income tax form 1040

Date: _____

Applicant Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Email(s): _____

Employer and Position: _____

Employer and Position: _____

Number of Adults in the family: _____ Number of Children in the family: _____

Signature: _____

Signature: _____

