**Scholarship Application Form**

The Poulsbo Piranha Swim Team (PPST) has limited financial resources available for those needing assistance with the costs of swimming registration, monthly fees, meet fees, and swimming equipment.

* **Please review the Scholarship program overview and Application Form.**
* The maximum amount of financial aid that can be awarded is 50% of the monthly training fees.
* Financial Aid does not cover travel expenses.
* A copy of your most recent Federal Income Tax filing or approved alternative documentation must be included in order for your application to be considered.
* A Financial Aid application form must be completed each season in order to be considered for an award.
* Swimmers must be registered in order to be guaranteed a place on the team. Receipt of financial aid does not guarantee a spot on the team as we cannot hold spots even for swimmers who have swum in previous seasons. Registration is first come, first served and we are anticipating that all groups will fill up fast this year.
* Applications post marked after the deadline will only be considered if there are funds remaining after all applications that were submitted on time are considered.

*Please return completed form and all supporting documentation by mail to:*

Poulsbo Piranha Swim Team (PPST)

Scholarship Program

PO Box1284

Poulsbo, WA 98370

For additional information and/or questions contact: [swimwithppst.president@gmail.com](mailto:swimwithppst.president@gmail.com)

**Personal Information**

Email is the standard and primary mode of communication between the Club and families; you **must** provide an active email address where you can be reached. All families receiving Financial Aid are required to have an active email account.

|  |  |
| --- | --- |
| Name of parent or guardian requesting Scholarship: |  |
| E-mail address: |  |
|  |  |
| Parent or guardian address: |  |
| City, state, zipcode: |  |
| Daytime phone: |  |
| Evening phone: |  |
| Cell phone: |  |
| Marital status (single, married, divorced, widowed): |  |

**Swimmer(s)**

Complete the information required for each swimmer for which you are applying for Scholarship.

* *All swimmers listed below can swim across the pool unassisted (check if ‘YES’)*

|  |  |
| --- | --- |
| Name of **Swimmer1**: |  |
| Date of Birth: |  |
| Previous Training Group  (returning swimmers only): |  |
| Amount requested: |  |

|  |  |
| --- | --- |
| Name of **Swimmer2**: |  |
| Date of Birth: |  |
| Previous Training Group  (returning swimmers only): |  |
| Amount requested: |  |

|  |  |
| --- | --- |
| Name of **Swimmer3**: |  |
| Date of Birth: |  |
| Previous Training Group  (returning swimmers only): |  |
| Amount requested: |  |

|  |  |
| --- | --- |
| Name of **Swimmer4**: |  |
| Date of Birth: |  |
| Previous Training Group  (returning swimmers only): |  |
| Amount requested: |  |

**Income Verification**

Please provide the following income information.

|  |  |
| --- | --- |
| Child support: | $ |
| Current monthly household income: | $ |
| Do your swimmers qualify for free/reduced lunch (yes or no): |  |

Each parent or guardian must provide a copy of their most recent Federal income tax filing or alternative documentation. If you qualify for Free/Reduced Lunch, you may qualify for additional financial support from Pacific Northwest Swimming.

To be considered for an award up to 50% of monthly fees, each parent or guardian must provide a copy of their recent Federal income tax filing OR proof of participating in or qualifying for the Federal Free hot lunch program.

To be considered for a partial award of less than 50% of monthly fees, each parent or guardian must provide a copy of their 2017 recent Federal income tax filing OR proof of participating in or qualifying for one of the following:

* the federal reduced hot lunch program
* SNAP (food stamps)
* WIC (Supplemental Nutrition for Women, Infants and Children)
* TANF (Temporary Assistance to Needy Families Program)
* Section 8 low income housing
* Washington’s Apple Healthcare
* SSI (Supplemental Security Income)
* JOBS (Job Opportunities and Basic Skills)
* YMCA/Parks Department low income memberships
* a special situation status (such as foster child, homeless, runaway, or migrant)

**Narrative**

Why do you need a Scholarship? (use backside if needed)

Why does your child want to swim for PPST? (use backside if needed)

**Certification**

By submitting this application:

I/we recognize that this information can be shared with members of the PPST Scholarship Committee, PPST Board Members, PPST Coaches and individuals responsible for the distribution of scholarship benefits (including gear distribution volunteer and or site parent representative).

I/we agree that if our financial need is reduced we will promptly notify the Financial Aid Committee and understand the amount of our financial aid may change.

I/we agree to pay all remaining balances not covered by financial aid in accordance with PPST policies.

I certify that to the best of my knowledge the information provided is correct.

|  |  |
| --- | --- |
| Parent or guardian signature | Date |