

Pegasus Water Polo Academy
Financial Aid Program Application

Please complete the sections below. The Financial Aid Committee will review your application and provide a response quickly. Every effort will be made to keep your information confidential.

Applicant's name: _____

Applicant's Birthdate: _____

Applicant's School: _____

Prior Experience with Pegasus: _____

Please provide information on the applicant's parent or parents below:

Parent: _____

Address: _____

City, State, Zip: _____

Telephone (home/cell): _____

Email Address: _____

Occupation: _____

Employer: _____

Spouse: _____

Address if Different: _____

Telephone (home/cell): _____

Email Address: _____

In the space below, please provide the reason or reasons you are requesting financial aid. Additionally, please provide the amount you are able to contribute to the monthly dues:
