

# AQUADART APPLICATION FOR FINANCIAL AID

## CONFIDENTIAL STATEMENT

To complete your application, you must scan and email this application AND a copy of your most recent tax return to [dartatdavis@hotmail.com](mailto:dartatdavis@hotmail.com).

DATE OF APPLICATION \_\_\_\_\_

CIRCLE PROGRAM(S) THAT YOU ARE APPLYING FOR:

     DART SWIM TEAM         SUMMERDARTS         SWIM SCHOOL

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SWIMMER(S) NAME AND AGE \_\_\_\_\_

OTHER FAMILY MEMBERS LIVING IN THE HOME (name and age):

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

PARENTAL STATUS: \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ STEPMOTHER \_\_\_\_\_ STEPFATHER

CHECK THE FOLLOWING THAT APPLY:

\_\_\_\_\_ PARENTS DIVORCED                      UNABLE TO WORK \_\_\_\_\_ MOTHER

\_\_\_\_\_ PARENTS SEPARATED                      \_\_\_\_\_ FATHER

PARENT #1:

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER NAME/ADDRESS: \_\_\_\_\_

PARENT #2:

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER NAME/ADDRESS: \_\_\_\_\_

**FINANCIAL STATEMENT**

**ESTIMATED INCOME THIS YEAR**

**ESTIMATED EXPENSES THIS YEAR**

Father/Stepfather Income \_\_\_\_\_

Federal Income Tax \_\_\_\_\_

State Income Tax \_\_\_\_\_

Mother/Stepmother Income \_\_\_\_\_

Federal Income Tax \_\_\_\_\_

State Income Tax \_\_\_\_\_

Interest/Dividends \_\_\_\_\_

Annual Mortgage/Rent \_\_\_\_\_

Child Support \_\_\_\_\_

Other Expenses (itemize)

Social Security \_\_\_\_\_

1. \_\_\_\_\_

Other Income/Losses \_\_\_\_\_  
(AFDC, Unemployment, Vet Benefits)

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

TOTAL INCOME \_\_\_\_\_

TOTAL EXPENSES \_\_\_\_\_

**OTHER FAMILY ASSETS:**

DO YOU OWN YOUR OWN HOME? \_\_\_\_\_ HOME VALUE \_\_\_\_\_ LOAN BALANCE \_\_\_\_\_

DO YOU OWN OTHER PROPERTY? \_\_\_\_\_ VALUE \_\_\_\_\_ LOAN BALANCE \_\_\_\_\_

OTHER FAMILY EXPENSES: \_\_\_\_\_

ARE THERE ANY OTHER FACTS WHICH WILL HELP US EVALUATE YOUR REQUEST?

\_\_\_\_\_  
\_\_\_\_\_

DO YOU RECEIVE ANY FINANCIAL ASSISTANCE FROM ANY OTHER PROGRAMS, INCLUDING GOVERNMENT ASSISTANCE? PLEASE LIST:

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How much do you believe you can afford to pay? \_\_\_\_\_

**ALL APPLICANTS MUST SHOW MOST RECENT FEDERAL/STATE TAX RETURNS AS PROOF OF INCOME.**

I/we declare the information reported herein is correct and complete to the best of our knowledge. The Aquadarts have our permission to verify the information reported.

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

Scholarships will be chosen on the basis of financial need using a sliding scale, and are dependent upon the total number of applicants requesting aid. Swimmer participation and fulfillment of parent volunteer hours are considered when applying for scholarships in future years.

Scholarship forms are due each August or when first joining the team. You must fill out an application each year. Additionally, it is the responsibility of scholarship recipients to notify the team 15 days prior to the end of each quarter as to your scholarship needs for each upcoming quarter. Reminders are sent out via weekly announcements.

We will notify you as to the amount of scholarship granted.

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