

**Woodstock Swimming Assoc. – Dolphins
Scholarship Application**

Parents Name _____ Date _____

Address _____ City _____ Zip _____

Phone No(s). _____

Swimmer Name _____ Amount Sought _____

Swimmer Name _____ Amount Sought _____

Swimmer Name _____ Amount Sought _____

Please note if any of the following applies	Yes	No
Does your child qualify for free or reduced lunch?	_____	_____
Do you qualify for public aid or assistance?	_____	_____
Do any of your children participate in Head Start	_____	_____

Total Household Income per month: _____

Household income is defined as any monies earned before deduction such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes, but is not limited to the following: 1 monetary compensation for services, including wages, salary, commissions or fees; 2 net income from self-employment or other sources; 3 social security; 4 income from bonds, annuities, estates or trusts; 5 rental income; 6 public assistance or welfare payments; 7 unemployment compensation; 8 alimony or child support; 9 royalties; 10 other cash income from any source. We reserve the right to request a recent tax return supporting the income representation.

If I am eligible for scholarship funds, I agree to make efforts to sign my child up to attend swim meets, participate in fundraising activities and volunteer time at Dolphin swim meets.

I certify that the above information is accurate and that the decision to receive scholarship funds is dependent on such factors as availability of funds and comparison to other applicants seeking scholarships.

Signature

Date

*This form is for Board decision making purposes with respect to scholarship and will be maintained and kept confidential.