

Scholarship Form



Participation: _____ New _____ Return

Member Since: _____

PO Box 271, Harbor Springs, MI 49740

Swimmer Information

Swimmer Name: _____

Date of Birth _____

Swimmer Name: _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent/Legal Guardian _____ Relationship to Child _____

Phone(day) _____ (eve) _____ (cell) _____

Email Address _____

Family Information

Number of people in your household _____ Number of children under 18 _____

Number of children in your household participating in The Hammerhead Swim Club _____

Does your family: _____ Own their home _____ Rent _____ Live with Relatives

Parents current marital status: _____ Married _____ Single _____ Separated _____ Divorced _____ Widowed

Mother

Employment Status: _____ Full time _____ Part time _____ Unemployed _____ Retired _____ Disabled

Father

Employment Status: _____ Full time _____ Part time _____ Unemployed _____ Retired _____ Disabled

Legal Guardian

Employment Status: _____ Full time _____ Part time _____ Unemployed _____ Retired _____ Disabled

Have you applied for and received other financial aid from any other source (free/reduced lunch program, etc.)? Yes No

Explain _____

Reason for requesting financial aid _____

If Awarded a Scholarship, I Agree to:

Participate in the fundraising activities to the best of my ability, to volunteer in activities to the best of my ability, to help with the Hammerheads whenever needed to the best of my ability.

Swimmer Name _____

Date _____

Swimmer Name _____

Date _____

Parent/Guardian Signature _____

Date _____