

SWIM FOR SUCCESS: SCHOLARSHIP APPLICATION

SECTION 1: PARTICIPANT INFORMATION

Please complete an application for each child/swimmer

☐ Male ☐ Female

Child's Full Name _____

Date of Birth _____

Age _____

Parent / Guardian Name(s) _____

Street Address _____

City / State / Zip _____

Phone _____

Email _____

Emergency Contact Name _____

Phone _____

Emergency Contact Name _____

Phone _____

Swim Suit Size: 22 24 26 28 30 32 34 36 38 _____

Shirt Size: YS YM YL AS AM AL AXL

Number of Children Enrolling _____

SECTION 2: SCHOLARSHIP PROGRAM SELECTION

Which scholarship program are you applying for? (check all that apply)

☐ Swim Lessons ☐ Year-Round Swim Team (HSA) ☐ Summer Swim Team (RCSL)

SECTION 3: HOUSEHOLD INFORMATION

Number of Individuals in Household: _____

Adjusted Gross Income (AGI): \$_____ (Line 11 of IRS Form 1040)

Are you a resident of Madison County, Alabama? ☐ Yes ☐ No

Do you currently receive any of the following assistance programs? (check all that apply)

☐ SNAP ☐ TANF ☐ AFDC ☐ HEAP ☐ Medicaid
☐ SSD ☐ SSI ☐ HUD/Section 8 ☐ WIC ☐ None

Proof of Eligibility (attach one):

- ☐ Copy of most recent IRS Form 1040 (showing AGI)
- ☐ Proof of participation in one of the assistance programs listed above

SECTION 4: AGREEMENT AND SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or incomplete information may result in disqualification from the Swim for Success Scholarship Program. I agree to provide verification of income or assistance if requested.

Parent/Guardian Signature

Date

Submission Instructions

Please return this completed form along with required documentation to:

Swim for Success
c/o Matt Webber
2612 Artie Street
Huntsville, AL 35805
256-270-9255

SECTION 5: SCHOLARSHIP REVIEW/APPROVAL

(Office Use Only)

Swim Lessons Program:

☐ Sea Dragons

Year-Round Swim Program (HSA) (Select group assignment):

☐ Explorer

☐ Discovery

☐ Endeavor

☐ Apollo

☐ Voyager

Summer Swim Team (RCSL):

☐ _____ (team name)

☐ Yes ☐ No	Below 200% Federal Poverty Guideline
☐ Yes ☐ No	Confirmed participant in Federal/State Programs
☐ Yes ☐ No	Is candidate qualified for scholarship?

Approved By

Date