

APPLICATION FOR SWIM TEAM SCHOLARSHIP



DATE OF APPLICATION

Application Due Date: April 3rd, 2026

For district use only:

Approved:

Denied:

SWIMMER INFORMATION

Full Name :

Date of Birth : Age:

Address :

City : State:

Zip/Postal Code :

PARENT INFORMATION

Full Name & Phone Number:

Email Address:

Employer:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CAN YOU COMMIT TO VOLUNTEERING ONE SHIFT PER MEET? Yes No

WOULD YOU BE INTERESTED IN OTHER NON SWIM MEET VOLUNTEERING OPTIONS THAT ARE AVAILABLE? Yes No

CAN YOU AND YOUR SWIMMER COMMIT TO AT LEAST 3 PRACTICES A WEEK, 2 SWIM MEETS IN THE SEASON AND TIME TRIALS? Yes No

TYPE OF SCHOLARSHIP APPLYING FOR

Full (100%) Partial (50%) (Scholarship awardees may attend Swim Clinics at no additional cost)

PLEASE TELL US ABOUT YOUR SWIMMER, HOW DID YOU HEAR ABOUT ARDEN MANOR SWIM TEAM AND WHY ARE YOU REQUESTING A SCHOLARSHIP?

Scholarships are limited to one (1) per family. Additional swimmers will be eligible for the additional swimmer discount.

I confirm that my responses are honest and complete, understanding that providing inaccurate information may lead to a rejected application

Date:

Signature: