

Delaware Swim Team

Scholarship Program Application

FINANCIAL NEED APPLICATION

Thank you for your interest in our Scholarship Program. We offer Scholarships based on Financial Need and/or Swimming Performance. For Fall 2006 scholarship consideration, please complete the following form in its' entirety and submit it, along with appropriate attachments, to the office at DSFC, no later than August 15TH. Any applications received after the due date, or those submitted without sufficient information, will be returned to the applicant. The scholarship review committee will make recommendations and recipients will be notified no later than August 22ND.

Name of Swimmer _____ Birth Date _____

Age _____ Home Phone _____ E-mail address _____

Financial Need:

THIS INFORMATION WILL REMAIN CONFIDENTIAL)

Name of Applicant (Parent or Adult) _____

Social Security Number _____ - _____ - _____

Address _____ City, State, Zip _____

Home phone _____ Work Phone _____

Employer _____ Position _____

Spouse's Employer _____ Position _____

Income:

All sources of family income should be included. Proof of income must be provided. Please attach copies of Federal Tax Return Forms 1040/1040A/1040EZ showing your gross income for the last two years.

CURRENT YEAR:

Monthly Gross \$ _____
(PLEASE SUPPLY COPY OF CURRENT PAY STUB)

Annual Gross \$ _____

Other Income (including child support) \$ _____

State or Federal Aid \$ _____

Food Stamps \$ _____

Medical Aid \$ _____

Number of Children supported _____

Unusual financial hardships or other helpful information for consideration:

The information provided in this application is correct to the best of my knowledge:

Signature _____ Date _____

Name Printed _____

Please complete form(s) in a prompt fashion for 2006-2007 scholarship consideration