



Swim 5150 Scholarship Information and Application

Swimmer Information

Name: _____ Date of birth: ____/____/____ (m/d/year)

Address: _____

Age: _____ Gender: _____

Parent/Guardian Contact Information:

Father/Guardian Printed Name: _____

Email: _____

Mobile Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Supervisor: _____

Supervisor Phone: _____

Father/Guardian's signature: _____

Mother/Guardian Printed Name: _____

Email: _____

Mobile Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Supervisor: _____

Supervisor Phone: _____

Mother/Guardian's signature: _____

Scholarship Need(s):

_____ Full Scholarship: \$80 per month towards monthly fees; swimmer will be responsible for \$5 per month.

_____ Partial Scholarship: Requesting \$_____ per month toward monthly fees.

_____ Learn to Swim/Swimming Lessons: \$80 per month toward monthly fees; swimmer will be responsible for \$5 per month.

Additional funds are available for needs not described that might prevent or hinder a swimmer’s ability to practice or compete. Additional funds are subject to approval by Swim 5150 owners. Contact admin@swim5150.com if you would like to request additional financial aid.

Please attach an additional page if you wish to explain any unusual expenses or decreases in income, and/or special or changing circumstances. Include amounts and sources of financial aid already being received.

Provide Natrona County School District #1 Free and Reduced Lunch application, or the most recent completed parent(s) 1040 tax return form.

Statement of Responsibility: I understand that Swim 5150 will be relying on the information provided above in consideration of granting me a scholarship. All the information provided by me is true and complete to the best of my knowledge.

Applicant’s Parent/Guardian Signature _____ Date _____