APPLICATION FOR FINANCIAL ASSISTANCE SCHOLARSHIP

Santa Cruz Water Polo Club

Athlete's Name: _____ DOB: _____ Grade: _____

Which program are you seeking assistance for? _____

Parent/Guardian #1 Name:_____.

Circle one: Currently employed Self-employed Unemployed

Primary Employer:_____ Occupation:_____.

# of years at present job:_____ Address:

Net monthly income:_____.

Net annual income:_____ Work phone:_____.

Parent/Guardian #2 Name:_____.

Circle one: Currently employed Self-employed Unemployed

Primary Employer:_____ Occupation:_____.

# of years at present job: _____ Address:

Net monthly income: _____.

Net annual income: _____ Work phone:_____.

Combined annual income: _____.

Estimated monthly expenses: _____. Number of dependents:_____.

Do you qualify for section 8 housing? Yes No

Does your son/daughter receive free/reduced lunch? Yes No

Are you receiving federal or state assistance? Yes No

How much can you contribute toward session registration fees? _____

Attached a signed copy of your most recent Federal income tax return and any other documentation that will help us assess your financial aid needs. If you are not receiving assistance but still believe that you have financial hardships that qualify your child for a scholarship, please explain these hardships on an additional page to the application. Please submit this completed form and additional documentation to ryan@santacruzwpc.com.

_____ Date:_____

Parent/guardian (signature)

_____

Parent/guardian (print name)