

# Huron Swim Team - HPRW Scholarship Application

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

1. Swimmer \_\_\_\_\_ Age \_\_\_\_\_ Amount Requested \_\_\_\_\_

2. Swimmer \_\_\_\_\_ Age \_\_\_\_\_ Amount Requested \_\_\_\_\_

3. Swimmer \_\_\_\_\_ Age \_\_\_\_\_ Amount Requested \_\_\_\_\_

**Total Amount Approved** \_\_\_\_\_

Did you qualify for free school lunches for 2007/2008?                      Yes                      No

Do you currently qualify for Medicaid?                                              Yes                      No

Do you have any other circumstances that would  
qualify you for some scholarship money?                                              Yes                      No

Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mandatory require requirements to receive any scholarship money**

1. Attend Huron Meets
2. Participate in fundraising activities
3. Volunteer time at Huron meets

I agree to the above requirements to receive help with the dues of the current season of the Huron Swim Team. I understand that if I do not fulfill the above commitment I could forfeit any future scholarship awards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date