

NCSC Scholarship Form

NCSC P.O. Box 1191 Astoria, Oregon 97103

The North Coast Swim Club has established a scholarship program to assist swimmers and their families who are experiencing financial constraints. This program is need based, not performance based. The amount of the scholarship awarded is predicated on the number of applicants and the available funds.

1. In order to qualify for a scholarship award, you must be eligible for federal/state assistance programs and provide proof to that effect.
2. Scholarships help with monthly dues only and may cover either the full cost or a partial amount. USA Swimming and NCSC registration fees as well as swim meet and AAC pool pass expenses are the responsibility of each individual family.
3. If you receive a scholarship, you will be required to participate in all team fundraising events as well as fulfill any volunteer hours specified by the Club.
4. If a scholarship is received, your swimmer(s) are expected to attend at least the minimum number of practices required for their group.
5. Each scholarship is good only for the length of the season. Those wishing to receive a scholarship for the following season must re-apply.
6. If awarded a scholarship, you will be required to fill out and submit a North Coast Swim Club Scholarship Agreement.
7. To ensure your privacy, all scholarship matters will be handled in Executive Board Meetings/Sessions.

Name of Swimmer(s) applying:

Practice Squad:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Please completely fill out the information on the reverse side

NCSC Scholarship Application

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Name of Swimmer(s): _____ DOB _____
_____ DOB _____

Parent(s)/Guardian(s): _____

Address: _____

City, State: _____ Zip Code: _____

Home number: _____ Cell phone number: _____

Work number(s): _____

Contact email: _____

Number of persons in Family/Household: Adults _____ Children _____
(over 18) (18 & under)

Family's Monthly Gross Income from all sources: \$ _____

I certify that the above minor is my dependent and that the information contained on this form is correct. By signing this application, I agree to notify the NCSC Board when my financial circumstances improve and I no longer require assistance.

Parent/Guardian: _____

Signature: _____ Date: _____

For Official Use Only

Eligible for Scholarship: Yes _____ No _____ Proof of Eligibility Provided: Yes _____ No _____

Practice Squad(s): _____

Amount awarded: _____

Date Notified: _____

NCSC Treasurer's Signature: _____