

APPLICATION FOR FINANCIAL ASSISTANCE SCHOLARSHIP

Please check which Season you are applying for:

- Summer
- Spring
- Fall
- Winter

Age Group: _____

Lamorinda Water Polo

Application Deadlines:

- Spring: March 7th
- Summer: May 31
- Fall: September 7th
- Winter: December 7th

PLEASE READ THE FOLLOWING REQUIREMENTS VERY CAREFULLY

Players who apply for these scholarships must meet the following requirements:

1. You must have a desire to learn about and take part in all aspects of water polo.
2. If you receive a scholarship, you must agree to attend the practice each day of the season
3. Your parents/guardians must provide your transportation to and from the practice each day

This application will be considered only if all questions are answered completely.

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

GENERAL INFORMATION

NAME	DOB	GENDER	ADDRESS
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SCHOOL	Current Grade
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FINANCIAL INFORMATION TO BE FILLED OUT BY PARENT /GUARDIAN

NAME

NAME OF PRIMARY INCOME PROVIDER (IF DIFFERENT FROM ABOVE PARENT / GUARDIAN)

MARK IF YOU ARE : CURRENTLY EMPLOYED SELF-EMPLOYED UNEMPLOYED

ADDRESS OF EMPLOYER CITY STATE ZIP WORK PHONE

OCCUPATION NO. OF YEARS AT PRESENT JOB

Net Monthly income: \$ _____ Estimated monthly expenses: \$ _____ Current Net yearly income \$ _____

Number of dependents _____ How much do you feel you can contribute towards registration fee? \$ _____

Are you receiving federal or state assistance? YES NO

If yes, what kind?

Please attach a SIGNED copy of your most recent Federal Income Tax Returns and any other documentation that will help us assess your need for a scholarship.

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 by attaching an additional page to the application.

2. STUDENT QUESTIONNAIRE (TO BE COMPLETED BY STUDENT) - OPTIONAL

STUDENT'S NAME: _____

Please describe what the sport of water polo means to you, how it will be of benefit to you and what you think you can contribute to the team and your fellow water polo players. Be sure to: (1) State your ideas clearly (2) Use complete sentences (3) Make sure your spelling is correct (4) Write your essay in ink on this page or attach a typed copy (350 words or less) and (5) DO NOT make your essay longer than this box.

By signing this application, I agree that the above information is correct and that I will pay the portion mutually agreed to for the LWP SEASON: Spring/Summer/Fall/Winter/Home Polo if my student receives a partial scholarship.

PARENT / GUARDIAN SIGNATURE

_____ DATE _____

PARENT / GUARDIAN (PRINT NAME)

Email: _____

MAIL COMPLETED APPLICATION TO:
LWP Scholarship Program
PO 1035 Lafayette, Ca 94549
Or email to
cmccrackenlamorindawpc@gmail.com