

## Parkwood Piranhas SOS Scholarship Application



Date:
Family Name:
Please list number of individuals residing in your household:  Adults: Children:
Are you joining the Parkwood Swim Club?  Did you receive any assistance for pool membership? How much?:  Total anticipated pool membership cost, if no assistance provided::  How many years have you participated in the Parkwood Piranhas Swim Team, prior to this year?
Name(s) of swimmers(s): Total anticipated swim team cost, if no assistance provided: How much assistance are you requesting?: (Requests are limited to up to 50% of swim team cost. Requests do not guarantee approval or that there will be fully funded as we have limited available funds.)
Our Swim Team Community is dependent on parent volunteers to work at meets and to support other seasonal activities. Are you willing to commit to serve as a parent volunteer?
Our Swim Team is a great way to build confidence and skills in the water for your child. We are also a competing swim team. If eligible and recommended for your swimmer (s), is your family willing to prioritize participating in at least two meets and DSSL champs?
Tell us about your situation and why a scholarship is needed:
Other information you could provide that would help the SOS Scholarship Committee understand your situation better:
Name of individual submitting application (please print)  Signature  Relationship to family or child listed above:

## Please return completed form in a sealed envelope to Parkwood Piranhas Parent Reps.

\*\*Please Note: This form is confidential and the information provided is available only to the Parkwood SOS Scholarship Committee.

SOS Scholarship Committee Use only:	
Date received:	
Amount offered: \$	
Notes:	
Notes.	
	Scholarship Committee members:
Parent Reps notified:	
date & initials	