

## Mesa Aquatics Club Scholarship Application

1. All applicants must provide proof of total income based upon their latest 1040 Federal Tax Return.
2. The applicant's family total income must be less than or equal to 130-185% of the Federal Poverty level (based upon current year's poverty level).
3. Financial hardship can also include, but is not limited to:
  1. Expenses associated with medical care.
  2. Expenses/loss of earnings due to death or disability.
  3. Unemployment or loss of full time employment.
  4. Number of school aged children in the family.

Name of Athlete(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please briefly explain your reason for requesting scholarship:

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**MAC Monthly Dues**

Narwhal/Basecamp -\$100

White - \$120

Red - \$120

Black -\$140

Gold - \$165

Senior 2 -\$175

Senior 1 -\$205

What amount are you able to contribute each month toward dues? \_\_\_\_\_

I certify that the above named child is my dependent and that the information contained on this form is correct. By signing this application, I agree to notify Mesa Aquatics Club if my financial circumstances improve and I no longer require assistance.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_