Tsunami Swimming
Scholarship Application

Name of Swimmer _____ Birthdate _____

__☐__Food Stamp Recipient - Food Stamp Case Number _____

Household Income Information (complete only if family is not eligible for food stamps)

	List all income for all household members, and how often it is received (weekly, monthly, etc)				
List names of everyone in your household	Income from work / before deductions	Income from work / job 2	Welfare, Child Support, alimony	Pensions, retirement, Social Security	Other Income

Name of Parent / Guardian_____
Address _____
City / State / Zip_____ Phone_____

I certify that the above named child is my dependent, and that the information contained on this form is true and correct: _____ _____
Signature *date*

Office use only:

Eligible for Scholarship ____ Yes ____ No Family Notified / Date _____

Tsunami Official_____
Signature _____ Date_____