



Scholarship Application

White Mountain Aquatic Foundation
 Scholarship Committee
 PO Box 767
 North Conway NH 03860

Through the generosity of others who have donated to the scholarship fund, the White Mountain Aquatic Foundation is able to provide assistance to individuals who have difficulty paying for swimming programs. Assistance is usually made to fund a portion of learn-to-swim, swim team, or adult programs. Scholarship application may be made for you, members of your family, or someone that you know who is in need. All of the information contained in this application will be kept private, and will only be used in determining scholarship awards. Please mail this completed and signed application together with a copy of your drivers license for identification to the address listed above. Thank you, and keep on swimming!

Your Name _____

Address _____

Phone _____

E-mail address _____

Scholarship will go to assist who? _____

How are they related to you? _____

What is their date of birth? _____

How can we contact them? _____

What other assistance do you ,or the person the scholarship will benefit, receive? (federal or state aid, heating assistance, WIC, food stamps etc.) Please List.

Has this person been in a swimming program before? _____

When? Where? What level? _____

What program and where should any awards be sent? _____

What is the total cost of the program? _____

How much of this program can you afford to pay? _____

Why do you or the person need this assistance? Use the back of this paper if you need more room to write.

I certify that the above information is accurate and true to the best of my knowledge. False or misleading information for the benefit of gaining funds that are not ethically deserved, will result in a need for you to repay the White Mountain Aquatic Foundation.

 Signed by the person completing the application.

 Date