# SCHOLARSHIP PROGRAM APPLICATION

**The HUB** RECREATION CENTER

**2019 MAKE-A-SPLASH**

**SWIM LESSON GRANT**

**APPLICATION**

BOTH SIDES of this application must be completed in full for consideration. At least two out of four of the following documents must be included before processing will occur:

- Last two paycheck stubs from all employers of household members
- Most recent W2 and most recent income tax return (1040) for the household
- Proof of all public assistance for household members (Free or reduced lunch, SNAP, WIC, child support, social security income, disability, retirement, alimony, etc.)
- All household income sources and assistance MUST be documented and included with this application

**PARTICIPANT INFORMATION**    **Please check one: □ New Applicant □ Renewal**   Today's Date: _____

Name: _____ Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Current School and Grade Level OR Employer (if applicable): _____

Any Additional Necessary Information/Special Circumstances: _____

_____

_____

**EMERGENCY CONTACT INFORMATION** ----------------------------------------------------------------------------------------

Name: _____ Phone Number: _____ Relationship: _____

**PARENT/GUARDIAN INFORMATION (IF DIFFERENT FROM ABOVE)** -------------------------------------------------------

Name: _____ Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Current Employer (if applicable): _____

**ADDITIONAL ADULTS ALLOWED TO PICK-UP/DROP-OFF PARTICIPANT** ---------------------------------------------------

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

*PLEASE ALLOW A MINIMUM OF FOUR WEEKS FOR YOUR APPLICATION TO BE PROCESSED.*
*ONLY SELECTED APPLICANTS WILL BE NOTIFIED.*

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**SPOUSES AND DEPENDANTS LIVING AT HOME (MUST REFLECT INFO ON SUBMITTED TAX FORMS)**

| Name | Employer/School | Birth Date | Gender | Relationship |
|------|-----------------|------------|--------|--------------|
|      |                 |            |        |              |
|      |                 |            |        |              |
|      |                 |            |        |              |
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|      |                 |            |        |              |
|      |                 |            |        |              |

## QUESTIONNAIRE SECTION

**Please share why you (or participant) are (is) applying for The HUBlife Scholarship Program:** _____

_____

_____

_____

_____

_____

_____

_____

**If chosen, how would The HUBlife Scholarship benefit you (or participant)?:** _____

_____

_____

_____

_____

_____

*I certify that this information, and any/all documents submitted with this application, is true and complete to the best of my knowledge. I grant permission for The HUB Recreation Center to verify this information.*

Signature of Applicant: _____    Today's Date: _____

*PLEASE ALLOW A MINIMUM OF FOUR WEEKS FOR YOUR APPLICATION TO BE PROCESSED.*
*ONLY SELECTED APPLICANTS WILL BE NOTIFIED.*