

EAST LYME AQUATIC & FITNESS CENTER FOUNDATION, INC.

SCHOLARSHIP APPLICATION

The East Lyme Aquatic & Fitness Center Foundation, Inc. offers financial aid for residents of East Lyme and Salem in support of membership, program lessons, fitness programs and sports camp. Financial aid is based on **need and interest**; selection will be made by the Foudation Board members. Application must be returned no later than ten days before the beginning of the program for which the scholarship is being requested.

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APPLICATION MUST BE ACCOMPANIED BY FINANCIAL NEED DOCUMENTATION – E.G., IRS 1040, LETTER CONFIRMING CERTIFICATION FOR SNAP PROGRAM, ETC.

Name of **ADULT** Applicant(s): _____

Address: _____
Street City State Zip

Phone: _____ Cell: _____ E-Mail: _____

For **MINOR** Applicant(s):

Name of Scholarship Applicant(s) and Age: _____

School presently attending: _____

Name & Address of Parent/Guardian completing this application: _____

Parent/Guardian: Home Tel #: _____; Cell: _____; Email: _____

Current member of the East Lyme Aquatic and Fitness Center? _____ Yes _____ No

What program/activity are you applying for? _____

Program fee for which you are applying: \$ _____ Amount of scholarship money requested: \$ _____

Why are you interested in participating in the program for which you are applying?

Describe how financial need for scholarship criteria is met:

Has applicant applied previously for a scholarship? _____ Yes _____ No

I hereby certify that all of the above information is correct.

Signature of scholarship applicant or

Signature of parent/guardian for youth applicant

Date

Send Completed Application To: Scholarship Committee, East Lyme Aquatic & Fitness Center Foundation, Inc.,
30 Chesterfield Road, East Lyme, CT 06333