

Southern Utah Swimming Association
---- Scholarship Application ----

Name: _____ Member of Summit? Or WCCC? Yes No

Phone: _____ How much are you able to pay monthly? _____

QUALIFICATIONS:

I understand that, by receiving a scholarship, I am receiving funds that may be needed by others as well. SUSA wants scholarships to go to dedicated swimmers who strive to better themselves by working toward their full potential. Therefore, I will commit to swimming for SUSA for at least one year from the first month I receive scholarship funds.

Signed, _____ Date: _____

Parents, _____

I also understand that these funds constitute a partial scholarship, and I will be responsible for paying any meet fees, equipment fees or extra costs (such as team pictures or apparel) as they apply.

Signed, _____

Parents, _____

I also understand that this is a team scholarship, and therefore I will participate fully in team activities. This includes: 1) going to TEAM meets, 2) meeting the minimum fee for fundraising per year, and 3) attending practices regularly (at least 3 times per week).

Signed, _____

Parents, _____

If you fail to meet the above requirements, your scholarship will be terminated. You will need to reapply every year from the month your scholarship starts.

Amount approved: _____

signed, _____ Date: _____