

# The Ottumwa Barracuda Swim Club Scholarship Program

## Application and Statement Eligibility

NAME OF HEAD OF HOUSEHOLD \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

1. I declare that there are \_\_\_\_\_ persons in my household.
2. I declare that the combined gross income (earned and unearned) of all persons in my household is \$ \_\_\_\_\_  
Per \_\_\_\_\_ (week, month, year)

Please list all sources of income below, including all earned salaries, child support, ADC, unemployment, social security, etc. Be advised that any errors or omissions will result in denial of this application.

| Income source | \$ amount | time period (weekly, monthly, annual, other) |
|---------------|-----------|--|
|               |           |  |
|               |           |  |
|               |           |  |
|               |           |  |

3. A limited amount of funds have been donated for this program. Awards will be made on an availability basis. If available funds are not sufficient to provide scholarships to all eligible applicants, applications will be prioritized from lowest to highest percentage of the federal poverty threshold.
4. The Scholarship Program provides to approved applicants up to a 50% contribution toward the seasonal swim registration fee. This contribution may not be transferred, sold, or exchanged, and may not be applied toward any other fee associated with the Ottumwa Barracuda Swim Club.
5. Recipients of Scholarship Program contributions are responsible for making payment to the Ottumwa Barracuda Swim Club for the remaining percentage due on seasonal swim registration fee. Swimmers will not be able to participate before such payment has been received.
6. Scholarships are available only for children age 18 & under. List below the following information for each applicant.

| Name | Age | DOB | Permanent Address | Phone# |
|------|-----|-----|-------------------|--------|
|      |     |     |                   |        |
|      |     |     |                   |        |
|      |     |     |                   |        |

I give permission to the Department of Human Services to release information to my household income and family size. I am aware that my application may be selected for verification. Should my application be accepted, I will cooperate fully in the verification process.

APPLICANT SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

.....  
**FOR INTERNAL USE ONLY**

Gross annual income \_\_\_\_\_ Approved: \_\_\_\_\_  
Verification code \_\_\_\_\_ Denied: \_\_\_\_\_  
% of F.P.T. \_\_\_\_\_  
If denied, reason for denial \_\_\_\_\_  
Board Member Signature \_\_\_\_\_ Date \_\_\_\_\_