

# Santa Barbara Water Polo Foundation

FOSTERING THE LOVE OF AQUATICS IN OUR COMMUNITY

## WATER POLO SCHOLARSHIP REQUEST

**General Information:** The Santa Barbara Water Polo Foundation (SBWPF) would like to provide athletes within our community opportunities through our scholarship fund. To qualify for a Santa Barbara Water Polo Foundation Scholarship you must fill out this application and submit a copy of your Federal tax return OR a copy of an approved free and reduced lunch program application. Based on this information SBWPF will calculate whether you are entitled to a scholarship and, if so how much the scholarship will be. The guidelines below have been established in order to request and receive financial assistance.

1. Players must be USA Water Polo registered (scholarship funds may be used toward this membership).
2. Scholarship funds are for the athlete's water polo related activities and gear only.
3. All players and their parent/guardians receiving financial aid are expected to participate in volunteering to their greatest ability.
4. Financial aid will be awarded in increments by season not to exceed \$1000 per family per year.
5. Provide SBWPF with the form below and your latest tax return\* (portion with adjusted gross income only) OR and a copy of an approved free and reduced lunch program application. If your current financial status is different from your tax return, please provide a written explanation of your financial situation, along with the tax document. This information will remain confidential within the SBWPF Board.
6. Please respect the financial aid program. Many families can benefit from the aid but a limited amount of money is available each year.
7. A committee of the SBWPF Board of Directors will review requests as needed and make a recommendation for funding. The scholarship committee has the right to refuse a request for aid.

**All the information below must be filled out in its entirety and tax Return\* OR a copy of an approved free and reduced lunch program application must be attached.**

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

Amount requested \_\_\_\_\_

### Committee Use Only:

Request approved: \_\_\_\_\_ Denied \_\_\_\_\_

Amount \_\_\_\_\_ Date \_\_\_\_\_

Committee Signature: \_\_\_\_\_