

**Jefferson Swim League Registration Scholarship Application**

**DEADLINE is June 30th**

*Please print*

Team Name: \_\_\_\_\_

Name of Applicant for Team: \_\_\_\_\_

Applicant email address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

List swimmer name, and check appropriate box for each swimmer waiver is requested.  
A maximum of 10 waivers per team may be requested.  
The fund for waivers is limited and funds are available on a first come first served basis.  
Applications will be acknowledged upon receipt and notice of status will be provided  
as soon as practical.

| <u>Application #</u> | <u>Swimmer Name</u> | <u>Team Fee waived</u>   | <u>3rd Party Sponsorship</u> |
|----------------------|---------------------|--------------------------|------------------------------|
| 1                    | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| 2                    | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| 3                    | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| 4                    | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| 5                    | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| 6                    | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| 7                    | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| 8                    | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| 9                    | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| 10                   | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |

\* Team fee waived  
All team fees have been waived

\* 3rd party sponsorship  
A benefactor (agency/individual)  
has paid all fees for listed  
swimmer

| For League Use Only: |       |
|----------------------|-------|
| Date Received:       | _____ |
| Received by:         | _____ |
| Fund Balance:        | _____ |
| Date Approved:       | _____ |
| Amount Approved:     | _____ |
| New Fund Balance:    | _____ |

I hereby certify all team fees have been waived or paid by a third party for each swimmer listed herein.

Signed: (electronic signature ok) \_\_\_\_\_