

APPLICATION FOR STINGRAYS SWIM TEAM SCHOLARSHIPS FOR USE BY CHARLEVOIX POOL FOR SWIM TEAM SCHOLARSHIP ELIGIBILITY

Complete one application per household. Please use a pen (not a pencil).

STINGRAYS SWIM TEAM INFORMATION from the Charlevoix Area Community Pool

A limited number of scholarships are available to students while funds last. Scholarships will be awarded to students who qualify according to Federal guidelines.

Parents or Guardians of students applying for scholarships will need to fill out this form and bring it to the pool for review. If scholarships are still available, and the student qualifies for a scholarship, the parent or guardian will be notified by phone. If your child qualifies, you will be awarded a 50% discount on a Season Pass. The pool will not be able to provide any transportation. These scholarships are awarded on a first come/first served basis so we recommend getting your form submitted early so the pool staff can determine the child's eligibility.

We want to thank the generous donors for funding all or part of these scholarships. If you have any questions, please contact pool manager Kathy Klimas at 231-547-0982. The schedule and information for Stingrays swim team is located on our website at www.CharlevoixPool.org. BRING FORMS TO THE POOL. You can't register for Stingrays Swim Team online.

STEP 1 First Name: _____ Last Name: _____ Phone #: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Child's Name: _____ Birthdate: ____/____/____ ~ Child's Name: _____ Birthdate: ____/____/____

Child's Name: _____ Birthdate: ____/____/____ ~ Child's Name: _____ Birthdate: ____/____/____

STEP 2

A. Child's Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Children listed in STEP 1 here.

Child's Income					How Often?		
\$					Weekly	Bi-Weekly	Monthly
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance / Child Support / Alimony			Pensions / Retirement / All Other Income		
		How Often?			How Often?		How Often?		
	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	
	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	
	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	
	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	\$	Weekly Bi-Weekly Monthly	

Total Monthly Income \$ _____

Income Eligibility Guidelines

[Effective from July 1, 2025 to June 30, 2026]

Chart from reduced price school meals application

Household size	Yearly	Monthly	Weekly
1	\$28,953	\$2,413	\$557
2	\$39,128	\$3,261	\$753
3	\$49,303	\$4,109	\$949
4	\$59,478	\$4,957	\$1,144
5	\$69,653	\$5,805	\$1,340
6	\$79,828	\$6,653	\$1,563
7	\$90,003	\$7,501	\$1,731
8	\$100,178	\$8,349	\$1,927
Each additional person:	\$10,175	\$848	\$196

STEP 3 Certification and adult signature.

"I certify (promise) that all information on this application is true, and that all income is reported. I understand that this information is given in connection with the receipt of scholarship funds, and that we may verify the information. I am aware that if I purposely give false information, I may lose the scholarship, and I may be prosecuted under applicable State and Federal laws."

Parent/guardian printed name: _____

Signature: _____ Today's date: _____

STEP 4 TAKE FORM TO THE CHARLEVOIX AREA COMMUNITY POOL for Stingrays Swim Team eligibility

POOL USE ONLY: Reviewed by _____ Date _____ Approved for Swim Team Scholarship? ____ YES ____ NO