



Scholarship Information and Application

Introduction

Lander Swim Club financial aid is available to applicants who show willingness and commitment to participate as an active member of the Lander Swim Club (LSC) and who would be unable to participate without financial aid.

These scholarship dollars are made available through the support of the Lander Recreation Board and the generosity of alumni and friends of the Lander Swim Club. Our supporters realize the many benefits of the LSC to our community. They volunteer both time and money to expand the LSC Mission.

Scholarships will be awarded to offset the cost of LSC dues and LSC Team Meet fees. The LSC Scholarship Committee awards funds based on financial need and demonstration of commitment to swimming. Families must complete a separate application for each swimmer requesting scholarship money. In completing this application, please only request what you think that you need. Scholarship awards are applied as a credit to your LSC account.

While there is no specific application deadline, LSC scholarship funds are limited and are awarded on a first come, first serve basis. Applications will be reviewed within two weeks of receipt of the completed application, and all applicants will be notified by email as soon as possible. Awarded scholarships are valid for one year.

Misconduct, as defined by the LSC Code of Conduct, is grounds for loss of scholarship.

How to Apply

All applicants must submit:

1. Lander Swim Club Scholarship Application
2. Fremont County School District #1 Free and Reduced Lunch application or the most recent completed parent(s) 1040 tax return form

Online registration with Lander Swim Club, including the required USA Swimming membership must be completed. Free and Reduced Lunch qualified recipients receive a discounted USA Registration fee.

Drop required documents in the LSC black box in the pool lobby or mail to the address below:

LSC Scholarship Committee
PO Box 27
Lander, WY 82520

**Lander Swim Club
Scholarship Application**

Swimmer Information

Name _____ Date of Birth ____ / ____ / ____ (M/D/Year)

Address _____ Age _____

Street

_____ Sex F M

City, State, Zip

Parent/Guardian Contact Information

Father Printed Name: _____ E-mail _____

Daytime Phone _____ Home Phone _____ Cell Phone _____

Occupation: _____ Employer: _____

Supervisor _____ Supervisor Phone _____

Father's Signature: _____

Mother Printed Name: _____ E-mail _____

Daytime Phone _____ Home Phone _____ Cell Phone _____

Occupation: _____ Employer: _____

Supervisor _____ Supervisor Phone _____

Mother's Signature: _____

Scholarship Need(s):

____ **Monthly Dues**

____ **Team Meet Fees** (maximum \$80/meet; actual fees up to the limit will be applied)

Please attach an additional page if you wish to explain any unusual expenses or decreases in income, and/or special or changing circumstances. Include amounts and sources of financial aid already being received.

Statement of Responsibility:

I understand that LSC will be relying on the information provided above in consideration of granting me a scholarship. All the information provided by me is true and complete to the best of my knowledge.

Applicant's (Parent/Guardian) Signature

Date