

## Team Sopris Scholarship/Grant Assistance Program

The Team Sopris Scholarship/Grant assistance Program is available to athlete members of USA Swimming who are in good standing with Team Sopris. The intent of this program is to provide financial aid to those swimmers who consistently demonstrate a sincere commitment to maximizing their swimming potential. Funds are awarded by the Sopris Barracuda Board of Directors.

### Types of Assistance Available

Scholarship/Grant assistance may be used for Membership Dues.

### Application Process

Scholarships/Grants are applied for and awarded on an annual basis. The application must be submitted to the Board of Directors 30 days before the start of the season that the Scholarship/Grant is to be used. The Scholarship/Grants are limited to the availability of funds, and are awarded on a first come, first served basis. Application for funds should be made by parent to the Sopris Barracuda Board of Directors. The Board will use the following criteria in awarding Funds:

Financial need

- Swimmer must fully participate in team practices, swim meets, other events and activities.
- Parents must fulfill volunteer requirement hours.
- Parents must complete a generous share of volunteer work at home swim meets.
- Families must meet all fundraising requirements as outlined on the Fundraising Tab at [www.teamsopris.org](http://www.teamsopris.org)
- Sincere interest in and commitment to competitive swimming
- Coach recommendation as requested

All applications will be reviewed before the start of the swimming season. When a decision has been made, a notification will be sent to all applicants via telephone, mail and/or email.

### Volunteer Hour Requirements

Scholarship recipients (parents/guardians) are required to complete the following volunteer hours.

Development: 6 hours per year (must complete 3 hours by March 31<sup>st</sup>)

Age Group: 10 hours per year (must complete 5 hours by March 31<sup>st</sup>)

Junior/Senior: 16 hours per year (must complete 8 hours by March 31<sup>st</sup>)

Volunteer hours must be logged online. Volunteer hours not completed will be billed at a rate of \$20 per hour on March 31<sup>st</sup> and July 31<sup>st</sup>.

### Current & Active (Inactive Status)

Scholarship/Grant recipients are expected to participate in weekly practice sessions and swim meets. Inactive periods for longer than 1 week need to be explained in writing to the Board of Directors. Inactivity for greater than 2 weeks or unexplained inactive periods may be grounds for revoking scholarship awards. Revoked awards will be returned to the general fund for redistribution to other committed scholarship/grant applicants.

### Misconduct

Misconduct by swimmer or parent, as defined by the Team Sopris Codes of Conduct, is grounds for loss of scholarship.

### Other

A swimmer may reapply for Scholarship assistance as long as the criteria outlined below are met. Individual scholarship/Grants will be limited to a maximum of 20% of the budgeted Scholarship funds for any swimming season. All Scholarship funds will be paid as a credit to the swimmers account. An Application for Scholarship Assistance is located on the web site [www.teamsopris.org](http://www.teamsopris.org)

**Swimmer Personal Information**

Swimmer Name \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (M D Y)  
Address \_\_\_\_\_ Age \_\_\_\_\_  
Sex F M

**Parent/Guardian Contact Information**

Father/Guardian Printed Name: \_\_\_\_\_  
E-mail \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Mother/Guardian Printed Name: \_\_\_\_\_  
E-mail \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Estimate of Financial Need**

<u>GROUP/CLASS</u>	<u>MEMBERSHIP DUES</u>	<u>% DISCOUNT REQUESTING</u>
<input type="checkbox"/> Development 1	\$ 496	_____
<input type="checkbox"/> Development 2	\$ 715	_____
<input type="checkbox"/> Age Group 1	\$ 891	_____
<input type="checkbox"/> Age Group 2	\$1,034	_____
<input type="checkbox"/> Junior	\$1,177	_____
<input type="checkbox"/> Senior	\$1,276	_____

**Explanation of Special Circumstances:**

Please attach an additional page if you wish to explain any unusual expenses, special or changing financial circumstances or additional sources of decreases in income. Include amounts and sources of financial aid already being received. At the discretion of the Board of Directors a personal financial statement may be requested.

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**Statement of Responsibility:**

I understand that Team Sopris 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: \_\_\_\_\_