

KATELYN FOUNDATION  
**SWIM LESSON APPLICATION**

**PERSONAL INFORMATION**

Name:

Date of birth:

Phone:

e-Mail:

Current address:

City:

State:

ZIP Code:

Are You Married? Yes      No      (Please circle)

Spouse's Name:

**PERSONS SEEKING SCHOLARSHIP ASSISTANCE**

Please list the full names and dates of birth of persons in the household. Your household includes dependents you claim on your federal tax return.

Name:

Name:

Date of Birth:

Date of Birth

Name:

Name:

Date of Birth:

Date of Birth

Name:

Name:

Date of Birth:

Date of Birth

Name:

Name:

Date of Birth:

Date of Birth

**EMPLOYMENT INFORMATION**

Current employer:

Employer address:

How Long?:

Phone:

Email:

Fax:

City:

State:

ZIP Code:

Position:

Hourly      Salary      (Please Circle)

Annual Income:

Previous employer:

Employer Address:

How Long?:

City:

State:

ZIP Code:

Position

Hourly      Salary      (Please Circle)

Annual Income:

**SPOUSE EMPLOYMENT INFORMATION (IF APPLICABLE)**

Current employer:

Employer address:

How Long?:

Phone:

Email:

Fax:

City:

State:

ZIP Code:

Position:

Hourly      Salary      (Please Circle)

Annual Income:

Previous employer:

Employer address:

How Long?:

Phone:

Email:

Fax:

City:

State:

ZIP Code:

Position:

Hourly      Salary      (Please Circle)

Annual Income:

## APPLICATION INFORMATION CONTINUED

### FOR OFFICE USE ONLY

Applicant Type (Check One):       New                       Renewal

Staff Check List (Check all that apply)     Tax Forms       Pay Stubs       Letters of Recommendation  
     Signed Application                       Cover Letter

Staff Receiving: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## FINANCIAL INFORMATION

Income		Expenses	
\$ _____	Gross Monthly Income, include spouse	\$ _____	Rent/Mortgage
\$ _____	Financial Aid/Living Loan(s)	\$ _____	Auto Loan(s)
\$ _____	Child Support	\$ _____	Groceries/Gas
\$ _____	Aid to Dependent Children	\$ _____	Utilities
\$ _____	Welfare (submit copy of card)	\$ _____	Phone (listed in your name)
\$ _____	Food Stamps	\$ _____	Child Care
\$ _____	Reduced Lunch (submit copy of card)	\$ _____	Child Support
\$ _____	Other (Please Explain)	\$ _____	Medical
		\$ _____	Other (Please Explain)

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Katelyn foundation within 30 days. If I submit false or accurate information, or fail to notify the Katelyn Foundation within 30 days, I understand that I may be deactivated from the Katelyn Foundation Seal Swim Scholarship Assistance Program.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date