



Brunswick School of FISH

Application



The undersigned individual is applying for a swim scholarship with the *Brunswick School of Fish* program sponsored by BCC Sports & Aquatics Complex and the Jack Helbig Memorial Foundation. If awarded this scholarship the participant must agree to abide by the Swim Scholarship Agreement listed below.

PARTICIPANT NAME: _____ **AGE:** _____

GENDER: _____ **BIRTHDATE:** _____ **TODAY'S DATE:** _____

GRADE IN SCHOOL: _____ **SCHOOL NAME:** _____

PARENT/GUARDIAN NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____

EMAIL: _____

EMERGENCY CONTACT: _____

RELATIONSHIP TO PARTICIPANT: _____

PHONE NUMBER: _____

Does your family receive any public assistance? **Free Lunch Program, Medicaid, Energy Assistance, Temporary Assistance, etc.)** **YES** **NO**

SWIM SCHOLARSHIP AGREEMENT

We are applying for the *Brunswick School of Fish* "Swim Scholarship Program". In doing so we agree to the following terms and conditions:

- We understand that this is a scholarship program and that we must attend all swim lessons. If we cannot attend a lesson we must call BCC Fitness to inform them of our absence for class. If we must miss a class we understand that there will be no make-up class for our tardiness. Please note if there is a cancellation of class due to inclement weather or instructor availability; there will be an additional class scheduled so the series of swim lessons can be completed.
- We understand that if our participant resigns from the program. We will not be eligible for the scholarship for at least six months.
- We understand that after completing one 8 week session, we will not be able to apply for another scholarship for six months.

**Signature required on back of application*

I hereby certify that all of the information in this application is true and correct. I understand that board members may verify this information prior to rendering a decision. Deliberate misrepresentation may be subject to ineligibility for further Swim Scholarship offerings. I have acknowledged the Swim Scholarship Participant Agreement above by checking off each item. I understand that I must wait six months after my participant has completed one session before I can apply again.

SIGNATURE OF PARENT(S) OF APPLICANT: _____

PRINT NAME: _____ **DATE:** _____

**You may provide any additional information or comments in this space:*

DO NOT WRITE BELOW THE LINE

Date the application was reviewed: _____

Name of Reviewing Board members: _____

Application: *Approved* *Disapproved* Session Date: _____

Notification of parent assigned to: _____ **Date Contacted:** _____

Return application to the following address or email:

Jack Helbig Memorial Foundation

3181 George II Hwy

Suite E

Southport NC 28461

Phone: 910-477-0837

Email: info@jackhelbig.org