

Brunswick School of FISH

Application



The undersigned individual is applying for a swim scholarship with the *Brunswick School of Fish* program sponsored by BCC fitness 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: _____

PRIMARY EMPLOYER: _____ OCCUPATION: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

RELATIONSHIP TO PARTICIPANT: _____

Does your family currently receive any public assistance? (Examples: 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 8 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 8 swim lesson 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 acknowledge 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 one of the following addresses:

Jack Helbig Memorial Foundation

1118 Twin Lake Dr.

Southport NC 28461

Phone: 910-477-0837

Email: info@jackhelbig.org

BCC Fitness & Aquatics Center

Attn: Aquatics Coordinator

PO Box 30

Supply NC 28462-0030

Email: hartzella@brunswickcc.edu

