



SACAC Scholarship Program

SACAC provides registration fee scholarships to children, who without financial assistance would not be able to participate in a competitive swimming program. SACAC provides this opportunity for area youth because swimming is a critical life skill and swimming as part of a team provides important physical, mental and character-building benefits.

Requirements for eligibility:

- Athlete must be age 18 or younger.
- Athlete must commit to attend a minimum of 75% of scheduled practices and meets
- Athlete's family must provide volunteer service to SACAC during the scholarship season. Nature of service to be determined on a case by case basis, and based upon SACAC's needs and the family's skills.
- Parent or guardian must submit a completed application, with all requested information provided. (Incomplete applications will not be considered).
- Application must be approved by the SACAC Scholarship Committee (consisting of SACAC President, 1st Vice President and Treasurer).

Priority will be given to eligible youth meeting one or more of the criteria below:

- Member of a multi-child family.
- Living in a single parent home.
- Souderton Area School District resident.
- Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc... (Must provide written documentation in these programs to receive priority status).
- Written recommendation by school representatives, social workers, youth community center workers, or other social service representatives.

All scholarship applications will be reviewed only by the SACAC Scholarship Committee. All applications (and information derived from applications) will be kept in the strictest of confidence, and hard copies will be destroyed after review (regardless of whether the applicant receives a scholarship or not).



SCHOLARSHIP APPLICATION

Athlete Information

Athlete's name: _____ Age: _____ Male/Female: _____ Birthdate: _____

Address: _____

School Athlete Attends: _____

Teacher's Name: _____ School Phone #: _____

Athlete lives with: () Both parents () Mother () Father () Other _____

Amount of Scholarship requested: Full \$ _____ Partial \$ _____

Parent/Guardian Information

Total Household Gross Annual Income: \$ _____

Number of dependent children in your household during the last tax year: _____

Father's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Mother's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Guardian's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Has this athlete ever received scholarship from SACAC? () Yes () No

If yes: Year _____ Amount \$ _____

Consent to release information

I understand that my signature authorizes SACAC to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct. I understand that my child's participation requires that he/she commit to attend 75% of the scheduled practices and meets and that a member of our family will provide volunteer service to SACAC (nature of service TBD).

Parent/Guardian Signature: _____ Date: _____

SACAC President Signature: _____ Date: _____

SACAC Treasurer Signature: _____ Date: _____

Note: Individual applications must be completed for each child in a family. Applications must be completed every year scholarship is sought.

Mail Application to: SACAC Scholarship Committee
P.O. Box 64634
Souderton, PA 18964