



# Scholarship Membership Application

## Application Information and Procedures:

### PURPOSE:

The SCCA Community Pool Scholarship program is made possible by the board members acting in accordance to the original charter. The purpose of the scholarship is to assist economically challenged families/youth in our community.

### ELIGIBILITY:

1. Must be a family with children enrolled at O'Dea Elementary or located within the O'Dea Elementary School boundaries.
2. Must have dependent children/child 18 years of age or younger.
3. Must demonstrate financial need.
4. Current SCCA Families are eligible.

### SCHOLARSHIP AWARD PROCESS:

1. Scholarships are awarded on the basis of need and content of the application questions.
2. Application must be COMPLETELY filled out.
3. Applications will be reviewed anonymously by the SCCA Scholarship Committee.
4. Scholarship memberships have no cash/refund value can not be transferred.
5. Scholarship memberships are valid Memorial Day weekend through Labor Day weekend.
6. Applications must be postmarked or dropped off by **May 1<sup>st</sup>** (Drop off or Mail to)

O'Dea Elementary  
312 Princeton Road  
Fort Collins, CO 80525-1752

## Membership Details:

Type:	Initiation Fee:	Annual Dues:	Scholarship Discount:	Includes:
Silver:	\$150.00	\$360.00	\$510.00	Family Memberships: Consist of head(s) of household limited to two persons and their dependents, who are under the age of 25.

SCCA offers an unlimited visit "Nanny Card" each season. This card can be used by multiple nannies. One card per family.

Please add a "Nanny Card" for the seasonal fee of \$50.00

## Member Info:

ID:

Name \_\_\_\_\_ Scan # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse Name \_\_\_\_\_ Scan # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Dependents: (Any persons under the age of 25 living at the same residence and dependent on the head of household for financial support.)

Name \_\_\_\_\_ Scan # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Scan # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Scan # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Scan # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency contact and phone number: \_\_\_\_\_

Please send applications to: PO Box 270757~ Fort Collins, CO 80525 ~ 970493-4102 ~ www.sccapool.org

