



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. Incomplete applications will not be accepted.
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 for one swim season, Memorial Day weekend through Labor Day weekend.
6. Applications must be postmarked or dropped off by **May 1st** (Or mailed to the SCCA pool, address at bottom of page.)

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

Membership Details:

Type:	Initiation Fee:	Annual Dues:	Scholarship Total:	Includes:
Family:	\$150.00	\$430.00	\$580.00	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:

Name _____ Date of Birth _____

Spouse/Partner/Significant Other Name _____ 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 _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Emergency contact and phone number: _____

Please send applications to: PO Box 270757 Fort Collins, CO 80525

970-493-4102 www.sccapool.org



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Application

(please feel free to include an additional sheet of paper to answer the questions below)

1. In your own words please tell us why you want to join the membership of the SCCA Pool community and what you expect to gain from this experience.
2. Do you currently have access to a swimming pool? How often would you use the swimming pool?
3. Share with us examples where you and your family have supported or been involved in your community: volunteering, donations of time or money, etc.
4. Describe any special circumstances that exist and explain your need for a scholarship:
5. Please add any additional information you think may help us make our decisions.
6. Approximate household income (as reported on last year's Income Taxes) _____
Proof may be requested.
7. Number of dependent children (as reported on last year's Income Taxes) _____