



Mid-Cities Arlington Swimming Foundation
PO Box 13849
Arlington, TX 76094
(214) 793-4773

Dear Parent or Guardian:

As you have indicated a need for financial assistance, please fill out the attached application and return it to the MARS Foundation at the address shown above. You may also email the application and attachment(s) to officemanager@marswim.org.

Included with your scholarship application, please also submit a letter from an outside source (i.e., child's teacher, school social worker, guidance counselor, your employer, school district free or reduced lunch program, etc.) indicating your financial constraints and the need for your child's scholarship.

We make a concerted effort each year to raise funds for swimmers in need. Our scholarship fund is not large, however, and it is our hope to be able to provide at least some assistance to all eligible applicants. All scholarship decisions will be made on the basis of need and will also be awarded on a first-come, first-served basis.

All scholarship applications are due no later than 10 days prior to the start date of the swim lesson session. You will be notified by mail or email of the decision of the Scholarship Committee relative to your request. Should you have any questions, please feel free to contact the MARS Foundation, 214-793-4773

Sincerely,

Suzanne Dangelmaier
Director
MARS Foundation



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Scholarship Application

Swimmer Name: _____ Age: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mother's (guardian) Name: _____

Father's (guardian) Name: _____

E-mail Address: _____

Total Number of People in Family: _____

Total Yearly Income (taxable income - Federal Income Tax Form) \$ _____

How much money are you able to pay for your child's participation? \$ _____

MARS Foundation Scholarship Amount Requested \$ _____

Have you applied for funding from other sources? ___yes ___no

Have you received funding from any of these sources? ___yes ___no

If yes, how much? \$ _____

Have you received a MARS Foundation Scholarship in previous summers? ___yes ___no

If yes, what year(s) were you awarded a scholarship? _____

Please Note: You must submit a letter indicating your financial constraints with this application to be considered for a scholarship! Please submit copies of these documents. All information will be kept confidential. If you submit an incomplete application, this will delay the application process.

I certify the above information is correct. I will notify the MARS Foundation immediately if there are any changes, including my income, number of household members, place of residence and phone number.

I understand the MARS Foundation Scholarship is a privilege and not a right, and that it is subject to the information that I have submitted. I also understand that the MARS Foundation Scholarship may only pay for a portion of my program fees, and I will be responsible for paying any balance of the program fees directly to Mid-Cities Arlington Swimming prior to the start of the program in which my child is to participate. I certify that I have submitted all copies of applicable documents and certify that they are true and accurate copies of the originals. I also understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from the program.

PLEASE NOTE: Both parents/guardians must sign below.

Parent/Guardian Signature Date

Parent/Guardian Signature Date