

NoVa Sports Coach www.novasportscoach.com

Scholarship Application

		Applica	nt Inforn	nation				
Full Name):				Date) :		
	Last	First			M.I.			
Address:								
	Street Add	ress				Apartment/Unit#		
	City				Stata	ZIP Code		
	Chy				State	ZIP Code		
Phone:			_ Email_					
Date Available to begin lessons:								
Are you committed to attending lessons each week?			YES	NO □				
Would you consider your child "coachable?"			YES	NO □				
Does your child have a fear of the water?			YES	NO □				
Household Income								
From:	50	To: \$50,000	YES	NO				
From:	\$50,001	To: \$100,000	YES					
From:	\$100,001	To: \$150,000	YES	NO				
From:	\$150,001+		YES					
		Re	eference	S				
Please lis	t three refe	rences.						
Full Name:					Relationship:			
Company:					Phone:			
Address:								
Full Name:					Relationship:			
Company	:				Phone:			
Address:								

Full Name:		Relationship:					
Company:		Phone:					
Address:							
Emplo	yment						
Company		Phone:					
Addross:	Phone: Supervisor:						
Job Title:							
Responsibilities:							
From: To:							
May we contact your supervisor for a reference?	YES NO						
Military	Service						
Branch:	From	m:	То:				
Rank at Discharge:	Type of Discharg	le:					
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to a scholarship, I understand that false or misleading information in my application or interview may result in my release from the NSC swim program.							
Signature:	Date:						