



Program Applying For (check one):
 Learn-to-Swim-summer sessions 2018
 Summer Youth Programs– Full-Day
 WAC Staff Continuing Education
 (ex. WSI, Red Cross training course)

Mike Lemon Memorial Fund Scholarship Application

Awarded financial assistance is for participation in Wall Aquatic Center (WAC) sponsored programs (Learn-to-Swim, Summer Youth Programs portion attributable to aquatics, etc.) or to train Wall Aquatic Center staff and volunteers in aquatic sports management. Financial support preference will be given for Flagstaff Public School children.

- Applicants must first complete a program registration form (Learn-to-Swim, SYP, etc.) and pay the associated registration fee to ensure placement into the desired program.
- If you have more than one child a separate scholarship application form must be complete for each.
- Scholarships will be awarded based on funds availability, number of applicants, and financial need.
- Scholarship money awarded may range from partial to a complete *reimbursement* of program costs. Max award for Learn-to-Swim programs is 100% registration fee. Max award for Summer Youth Programs is \$25 per child for weekly registrations and \$100 per child for session registrations.
- All applications will be reviewed by a scholarship selection committee. The amount of available annual scholarship money awarded is at the discretion of the committee.

- Name of Parent: _____ Phone #: (____) _____
- Occupation: _____ Employer: _____
- Name of Spouse/Partner: _____ Phone #: (____) _____
- Occupation: _____ Employer: _____
- Child's Full Legal Name: _____ Age: _____
- Applicant's Mailing Address: _____
- City, State, Zip: _____ Flagstaff School Attending: _____
- E-Mail Address: _____
- Marital Status (check one): Single Divorced/Separated Married, Partnered, or Living w/ someone
- NAU Status (check one): NAU student NAU Employee Flagstaff Community
- Annual Gross Household Income: \$_____ (all sources-wages, child support, social security, disability, etc.)
- Number of dependents in household: _____
- Statement supporting financial need and the value of the program for the participant:

OFFICE USE ONLY:

Date Application Submitted: _____

Date Awarded: _____

Program Registration/Payment Paid by Parent: \$ _____

Amount Awarded: \$ _____

Selection Committee Notes: _____

Reimbursement Request Date: _____

Reimbursement Check Confirmation: _____

Reviewer Name(s): _____