



**CAPITOLA JUNIOR LIFEGUARD
2018 PROGRAM SCHOLARSHIP
APPLICATION**



For Which Session of Guards Are You Applying? Session 1 _____ Session 2 _____

Childs Name: _____ Childs Age: _____

Childs Address: _____

Financial Need:

1. Monthly Family Income (consider all sources): \$ _____
2. Total # of Family Members in Household: _____ Number of dependents: _____
3. Has the child received scholarships from any other organization or sports club? Yes / NO
4. Total Monthly Expenses: \$ _____

Why do you feel this program would be beneficial to your child?

What are your child's interest and other club activities?

Parents or Guardian Names: _____

Address: _____

Home/Cell Phone: _____

Email: _____

I authorize the Junior Lifeguard Parents Club/Capitola Foundation to verify any of the above information:

Parent/Guardian Signature: _____

Please return this form to: Capitola Foundation
c/o Mike Banks
708 Rosedale Ave
Capitola, Ca 95010

**** This APPLICATION MUST BE RECEIVED BY FRIDAY, MARCH 2nd 2018 ****