

Cohasset Swim Center Scholarship Application

- Please fill out completely and accurately.
- Mail to: Cohasset Swim Center, P.O. Box 132, Cohasset, MA 02025

PERSONAL INFORMATION

*** Please Print * Be certain to attach all required documents**

Today's Date ____/____/____ Date of Birth ____/____/____

Head of Household _____

Address _____

Resident of Cohasset, Massachusetts 02025

Date of Birth ____/____/____ Cell Phone (____) _____

Home Phone (____) _____ Work Phone (____) _____

Employer _____ Occupation _____

Please list all people living in your household, whether related or not.

Name	School/Employer	Date of Birth

*** I M P O R T A N T ***

To complete your application you must attach a copy of your federal income tax form, and copies of four consecutive pay stubs. If you are receiving AFDC/TANF, unemployment, food stamps and/or Social Security, you must attach a copy of your grant notification form(s). For child support or alimony, an award statement must be attached. You must also attach proof of residency. Acceptable forms are a copy of your Mortgage Statement or Rental Agreement and a utility bill. I attest that all of the information is provided is true:

Signature

Date

I am applying for a Scholarship for the following: (check all that apply)

Membership and/or Programs (list type of program) _____

Membership Type:

Individual Junior (11-18) Individual Adult Senior Citizen (65+) Family

Have you ever applied for a scholarship for the Cohasset Swim Center before? No Yes

FINANCIAL INFORMATION

*** Please itemize your monthly, Pre-tax income and selected expenses:**

Monthly Income	Monthly Expense
Gross wages, salary and tips \$ _____	Rent or Mortgage \$ _____
Unemployment Compensation \$ _____	Utilities \$ _____
Social Security \$ _____	Medical Expenses \$ _____
Child Support \$ _____	(Other expense please list) \$ _____
AFCD/TANF \$ _____	\$ _____
Food Stamps \$ _____	\$ _____
Retirement Income (Non-Social Security) \$ _____	\$ _____
Other Income (Alimony, interest, dividends) \$ _____	\$ _____
Total Monthly Income \$ _____	Total Monthly Expenses \$ _____

Please detail on the back of application form any special circumstances that we should know in order to make an informed decision on your application: