

SQUID GAY GAMES SCHOLARSHIP APPLICATION

Name: _____ Application Date: _____

Address: _____

Phone: _____ E-mail: _____

How long have you been swimming with SQUID: _____

ELIGIBILITY INFORMATION

Share any information you want the team officers to consider regarding your financial or other hardship: [This can include monthly income, unusual expenses or loans, number of dependents, being on medical disability, having lost a job, etc.]. Also indicate if your hardship is temporary:

BUDGET PLANS/ASSISTANCE REQUEST FOR GAY GAMES

My anticipated budget and SQUID assistance request is as follows:

	<u>Amount Budgeted</u>	<u>Amount of requested SQUID assist (if applicable)</u>
Airfare	_____	_____
Meals	_____	_____
Ground transport	_____	_____
Registration fees	_____	_____
Lodging/Housing	_____	_____

Please describe: (1) the number of type of events you are entering, (2) what you have done or are doing to reduce costs (ex. hosted housing) and or provide additional funds:

VOLUNTEER ABILITY

I have assisted (or would be willing to assist) SQUID in the following ways:

Have	Would Do	
___	___	Regularly setting up the pool (lane lines, clocks, backstroke flags).
___	___	Regularly taking down the pool.
___	___	Providing free coaching.
___	___	Promoting team at community events.
___	___	Organizing/assisting in fundraising events.

I hereby understand that, to receive reimbursement from SQUID for requested expenses that I must attend Gay Game and compete in the events I've indicated.

Date: _____

Signature: _____