

## Aquatic Foundation of Alaska Need Based Scholarship Application

Swimmer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Group/Program \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please write a brief description below (or attach a separate page) to support your request for scholarship and why your swimmer wants to participate in the AFA swim program.

By signing this form, you acknowledge receipt and understanding of the AFA Need Based Scholarship Program Policy and, should you be awarded a scholarship, agree to abide by all the expectations as outlined in the policy.

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Swimmer's Signature

Date: \_\_\_\_\_

Please complete this application and all supporting documents and send to [yeti@aquaticfoundationalaska.org](mailto:yeti@aquaticfoundationalaska.org).

Approved April 14, 2025