



**CAPITOLA JUNIOR LIFEGUARD
2015 PROGRAM
SCHOLARSHIP APPLICATION**



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

Child's Name: _____ Child's Age: _____

Child's 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? Y N
4. Total Monthly Expenses: _____

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

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

Parent's or Guardian's Name: _____

Address: _____

Home/Cell Phone: _____

Email: _____

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

Parent/Guardian Signature: _____

Please return this form to: Capitola Public Safety & Community Service Foundation
708 Rosedale Avenue
Capitola, CA. 95010

**** THIS APPLICATION MUST BE RECEIVED BY FRIDAY, MARCH 6, 2015 ****