

MAST SWIMMING SCHOLARSHIP

Scholarship Application

APPLICANT INFORMATION			
Swimmers Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Parents Last Name or legal guardian	First Name(s)	Phone	
Address if Different			
Has the applicant previously swam for MAST?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, for how many seasons? Winter/Summer
Does the applicant have siblings currently swimming for MAST?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list names:
Has the applicant had siblings swim for MAST in the past?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list names and dates:

EDUCATION	
Current School	Address
Current Grade	Current GPA

OTHER SPORTS OR ACTIVITIES APPLICANT PARTICIPATES IN
<i>What other sports, clubs, student government or other activities do you actively participate in?</i>

