WATER POLO

APPLICATION FOR FINANCIAL AID

The Laguna Beach Water Polo Foundation strives to assist persons with financial difficulty with the dues and fees associated with participation in water polo. Scholarships are confidential and must be approved by the Board of Directors.

Primary Applicant Information

Your Name:		Date:		
Address:				
			Apartment/Unit #	
City		State	ZIP Code	
Phone:	Email			
Child Name:		Amount Requested:		
	our plans for support (i.e for Junior Olympics tourname ard to know about or consider for your application requ			
	Required Documentatio	n		
	umentation must be submitted at the same time as t such as a copy of the first page of the most current y		ease provide income	
	Disclaimer and Signatur	e		
	answers and document submission are accurate an I am a responsible party and provider for the child s			
Signature:		Date:		
Mail completed a	application to: 1000 North Coast Hwy, Suite 10, Lag	guna Beach, CA 9	2651	

Email completed application to: LBWaterPoloFoundation@gmail.com