

**The Taj Renee Brown Memorial Scholarship Fund and**  
**AMST Scholarship Application**

Please submit application and supporting documents to [treasurer@swimcudas.org](mailto:treasurer@swimcudas.org).  
Please put AMST Barracuda Scholarship application in the subject line.

Name of Swimmer(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate(s): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

Please briefly explain your reason for requesting scholarship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- All applicants must be prepared to provide proof of income from latest 1040 Federal Tax Form(s) or eligibility letter in Free or Reduced priced meals school program OR proof of need items 6b or 6d.
- Do you have proof of income or proof of need item available? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please attach a copy to the scholarship application.
- Do you have any income that is not reported on your 1040 Federal Tax Form?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list amount per month. \_\_\_\_\_
- Please indicate which scholarship level you qualify at: 70% \_\_\_\_\_ 40% \_\_\_\_\_

By signing this application, I certify that the above named swimmer(s) is/are my dependents and that the information contained on this application is correct.

Print Name of Parent or Guardian: \_\_\_\_\_

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

Office Use Only:

Eligible for Scholarship: Yes \_\_\_\_\_ No \_\_\_\_\_ Level Approved: 70%: \_\_\_\_\_ 40%: \_\_\_\_\_

Family Notified by/Date: \_\_\_\_\_

Signatures: Board Treasurer: \_\_\_\_\_

Board President: \_\_\_\_\_

## 2018 Federal Poverty Guidelines\*\*

70% scholarships awarded to Families at 130% of the Federal Poverty level, 40% scholarships awarded to Families at 185% of the Federal Poverty Level. Others are reviewed carefully based upon income and criteria for financial hardship.

		% Scholarship	
		70%	40%
Persons in Family or Household	Total Income*	130% Poverty	185% Poverty
1	\$12,140	\$15,782	\$22,459
2	\$16,460	\$21,398	\$30,451
3	\$20,780	\$27,014	\$38,443
4	\$25,100	\$32,630	\$46,435
5	\$29,420	\$38,246	\$54,427
6	\$33,740	\$43,862	\$62,419
7	\$38,060	\$49,478	\$70,411
8	\$42,380	\$55,094	\$78,403
For each additional person add	\$4,320	\$5,616	\$7,992

**\*Total Income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' assistance, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources, before taxes and other deductions**

**\*\* <https://aspe.hhs.gov/poverty-guidelines>**