

# **SANDPOINT SHARKS SWIM CLUB SCHOLARSHIP**

## **SPONSORED BY KINDERHAVEN**

**Mission Statement:** The objective and primary purpose of SSSC is to foster a safe and competitive swim environment through education, instruction and training of athletes and dedication to Safe Sport practices.

### **PLEASE NOTE RESTRICTIONS AND REQUIREMENTS:**

1. The amount of the scholarship awarded will be determined by the committee up to the amount of \$500
2. This scholarship will be awarded for the 2025-2026 Short Course season and to be applied to SSSC membership dues or meet fees. This scholarship is not able to be applied to meet travel fees or expenses
3. If the swimmer is a current member of SSSC, they must be in good standing
4. If awarded a scholarship, the swimmer and their parent must commit to helping raise at least twice the amount of the scholarship during our corporate sponsorship and grant season

**EMAIL TO:**

[bod@sandpointsharks.com](mailto:bod@sandpointsharks.com)

**OR MAIL TO:**

**293 Ponder Point Dr Sandpoint, ID 83864 OR CALL:**

**208-290-6646**

**TO MAKE OTHER ARRANGEMENTS**

**COMPLETED APPLICATIONS MUST BE IN THE POSSESSION OF A  
SCHOLARSHIP COMMITTEE**

**BY JANUARY 18, 2026 AT 5PM TO BE CONSIDERED**

# COVER SHEET

Swimmer Name: \_\_\_\_\_

Mother/Guardian 1 Name: \_\_\_\_\_

Father/Guardian 2 Name: \_\_\_\_\_

Are you currently a member of Sandpoint Sharks Swim Club?      Yes      No

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

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

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

## APPLICATION CHECKLIST

Completed Checklist

Response Pages

Attendance Report from Coach

Signature Page

Please complete the following request. Please attach answers to the cover sheet and limit your responses to the space provided for each request.

1. List activities and organizations that you are currently participating in.
2. Please detail the current school you attend, grade and any academic achievements.
3. Please describe any previous or current volunteer activities with SSSC

4. Please describe your swimming goals for the 2025-2026 short course season

5. What expenses would you intend to apply the funds to?

6. Any extenuation circumstances you would like the committee to consider?

## SIGNATURE PAGE

I Certify that the statements made in this application are to the best of my knowledge correct and accurate.

Swimmer: \_\_\_\_\_

Parent: \_\_\_\_\_

I agree that if awarded a scholarship by SSSC for the 2025-2026 short course season, I will attend a meeting with board representatives to discuss and accept this scholarship and commit to the fundraising requirements.

Swimmer: \_\_\_\_\_

Parent: \_\_\_\_\_