



Wil-Power Foundation, Inc.  
Scholarship/Sponsorship  
Application

Applicant Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

I am applying for assistance for the following program (please Check One per application):

Swimming Program       Wellness Program       Academic Program

Please describe the reason for your application at this time:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you applying for full coverage of the program for which you wish to participate in or partial coverage?  Full       Partial (I can pay \_\_\_\_ % of the total bill)

By signing this document, I certify that the information contained in this application is correct to the best of my knowledge. Should I be asked to submit proof of my financial need, I will do so willingly or withdraw my application. In addition, I understand the The Wil-Power Foundation, Inc. is a non-profit organization which is independently owned and will choose to award individuals with monetary assistance when the program that is being requested meets the criteria as defined in the Mission and Vision Statement of the Foundation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date