The Jim Cristy Swimming Scholarship was established to provide financial assistance to students who would like to participate in competitive swimming programs offered within Kalamazoo County, but who need financial assistance to do so.

**Students are eligible to apply if they:**

- Are Kalamazoo County residents or attend an elementary, middle or high school within Kalamazoo County. Must be a U.S. citizen or U.S. permanent resident.
- Are recommended by a swimming instructor; or if the student is not currently in a competitive swimming program, are recommended by a professional employee in their school system.
- Are able to demonstrate financial need.
- Meet athletic eligibility academic standards as defined by their school system. (For middle school and high school students, only.)

**Amount of the Competitive Swimming Award**
The amount of the award will vary depending upon the financial need of the recipient(s) and funding available.

**Application Information**
Applications are available through competitive swimming coaches, Kalamazoo Community Foundation by calling 269.381.4416, and on the Kalamazoo Community Foundation website at www.kalfound.org/scholarships.

The completed application, verification of income, personal statement and completed recommendation form must be submitted to the Kalamazoo Community Foundation, 402 East Michigan Avenue, Kalamazoo, MI 49007 by August 15.

A parent, guardian, or other adult may wish to help elementary-age students complete the scholarship application. Questions regarding the Jim Cristy Swimming Scholarship should be directed to the Kalamazoo Community Foundation’s Scholarship team at 269.381.4416 or scholarships@kalfound.org.
KALAMAZOO COMMUNITY FOUNDATION
JIM CRISTY SWIMMING SCHOLARSHIP

Scholarship Application

APPLICANT INFORMATION

Name: ____________________________________________
                        Last                                    First                      Middle

Home Address: ____________________________________________
                        Street                                  City                        State                        Zip

Telephone #: ________________________ Email Address:__________________________

Kalamazoo County resident? ___ Yes ___ No                Age: ________________________

School: ____________________________________________

GPA during the past academic year:____ Grade in school for the coming academic year:____

FAMILY INFORMATION (Provide the following information where applicable.)

Name of parent/stepparent/guardian: ____________________________________________

Address: ____________________________________________
                        Street                                  City                        State                        Zip

Place of employment: ____________________________________________

Name of parent/stepparent/guardian: ____________________________________________

Address: ____________________________________________
                        Street                                  City                        State                        Zip

Place of employment: ____________________________________________

Check if applicable: ( ) father deceased   ( ) mother deceased   ( ) parents divorced

Ages of brothers/sisters living in the household: ____________________________________________
SCHOOL & COMMUNITY ACTIVITIES

Using only the space below, please list your school and community activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th># of Years</th>
<th>Leadership Positions</th>
<th>Awards &amp; Recognition</th>
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</table>

I will be participating with the __________________ swim program and am requesting financial assistance for the following swim sessions: (provide the beginning/ending dates and the cost for each session. Funding is not available for summer sessions or sessions that coincide with high school swimming, if you are of high school age)

  session beginning on: ___________ ending on: ___________ amount: $________
  session beginning on: ___________ ending on: ___________ amount: $________
  session beginning on: ___________ ending on: ___________ amount: $________
  session beginning on: ___________ ending on: ___________ amount: $________

FINANCIAL INFORMATION

Last year’s gross household income*: $ ______________ per: Week Month Year (Circle one) (*include all sources of household income including wages, alimony, child support, G.I. benefits, social security, unemployment, etc.)

To verify income, please provide a copy of the first page of your most recent income tax return (block out all social security numbers)

PERSONAL STATEMENT

On a separate page, please describe why you would like to participate in a competitive swim program and report any additional information or factors you believe should be considered by the Advisory Committee.

REFERENCES

Please ask your coach or swimming instructor to complete the attached recommendation form. If you do not have a coach or swimming instructor, ask a school administrator or teacher to complete the attached recommendation form.

– Continued on Next Page –
CERTIFICATION

I hereby affirm that I am a U.S. Citizen or Permanent Resident Alien (green card holder) and that the information provided on this form is accurate and complete to the best of my knowledge. In addition, I understand that the information contained in my application may be shared with the scholarship advisory committee and/or scholarship sponsor. I also affirm that I am not a child, stepchild, grandchild, step-grandchild, great grandchild, brother, sister, spouse or domestic partner of a distribution advisory committee member or Kalamazoo Community Foundation trustee, member of a committee with board delegated powers or employee.

Applicant's Signature: ________________________________ Date: __________

Please make certain the scholarship application, one recommendation, verification of income, and information regarding the cost of the swimming program are returned to the Kalamazoo Community Foundation no later than August 15.
To the Applicant: Please fill in your name, address, and telephone number before giving this form to the person you have asked for a recommendation.

Name of Applicant: ___________________________ Phone Number: __________________

Address of Applicant: ____________________________________________________________
Street City State Zip

To the Person Completing the Recommendation Form:

The student named above is applying for a Jim Cristy Swimming Scholarship and has asked you to provide the Kalamazoo Community Foundation with any information you feel would be helpful in reviewing the scholarship application. The information you furnish is important to us. You may be assured that it will be considered confidential.

Please return this form to the Kalamazoo Community Foundation by August 15. Only applicants who have a recommendation on file by this deadline will be considered for a scholarship.

1. What is your relationship with the applicant?
   ____Coach   ____ Swimming Instructor   ____ Teacher
   ____ School Administrator   ____ Other (specify) ________________________________

2. I know the applicant:
   ____ Extremely Well   ____ Very Well   ____ Moderately Well   ____ Not Well

3. In your opinion, what qualities or characteristics does this applicant have that make him/her an excellent candidate for scholarship assistance?

   – Continued on Next Page –
Please compare the applicant to students you have known and rate him/her in the following areas:

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<th>Outstanding</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Unknown</th>
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<td>Cooperation</td>
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<td>Perseverance</td>
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<td>Citizenship</td>
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<td>Motivation</td>
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<td>Disciplined Work Habits</td>
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<td>Accepts Responsibility</td>
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<td>Independence/Initiative</td>
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<td>Ability to Set Realistic Goals</td>
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If you have any additional information about the applicant that you feel would be useful to the Scholarship Advisory Committee during its deliberations, please comment in the space provided.

___ The applicant has my permission to see the information provided on this form.
___ The applicant does NOT have my permission to see the information provided on this form.

Name of Reference: (Please Print) _______________________________________________________

Signature of Reference ___________________________________ Date _______________

Place of Employment ___________________________ Daytime Telephone Number ___________________________

Please return this form by August 15:

Kalamazoo Community Foundation
402 East Michigan Avenue • Kalamazoo, MI 49007-3888
Phone 269.381.4416 • Fax 269.381.3146