



**MARINWOOD RECREATION DEPARTMENT**

775 Miller Creek Road, San Rafael, Ca 94903

Phone: (415) 479-0775 Fax (415) 479-7759

www.marinwood.org

**Danaz Salak Swim Scholarship Application 2023**

The Marinwood CSD would like to extend a huge thank you to the Salak Family for creating the Danaz Salak Swim Lesson Scholarship. The Marinwood Recreation Department offers a limited number of partial scholarships (30%) for families who are experiencing financial hardship. This scholarship is open to both Marinwood Residents and Non-Residents.

**PLEASE SUBMIT THIS APPLICATION WITH: (incomplete applications will not be accepted)**

- 1. Completed Registration Form
- 2. A written statement why you are requesting a scholarship
- 3. Previous year's tax form.

**Send or email application to:** Carolyn Sullivan, Sr. Admin. Assistant, 775 Miller Creek Road, San Rafael, CA 94903; csd@marinwood.org

Name of Child: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

**Check the appropriate box:**

1. Is mother employed?  Occupation: \_\_\_\_\_ Unemployed:

2. Is father employed?  Occupation: \_\_\_\_\_ Unemployed:

3. Number of persons in household? \_\_\_\_\_

**4. PLEASE ATTACH PREVIOUS YEAR'S TAX FORM WITH THIS APPLICATION.**

I certify that I am applying for this scholarship due to financial hardship. I understand that this application will be kept strictly confidential.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Office Use Only</b></p> <p>Date &amp; Time Received: _____</p>
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