



**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 2026**

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. Applications will be reviewed in the order they are received. Applications may be rejected if incomplete, financial prerequisites are not met, or the available number of scholarships have already been awarded for the year. 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. 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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