

# 2017 LBSL Senior Award Application

**Directions:** Please print or type all information.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

## LBSL INFORMATION

To be eligible for this award you must be in your last year of age eligibility (usually, but not always, the senior year of high school), must have completed 40% of each year's Lower Bucks Swim League Swimming/Diving Meets, *excluding* carnivals, Invitational meets, and championships in three (3) of the past four (4) years.

**Number of Years in the LBSL (including this year):** \_\_\_\_\_

**Circle One:** Swimmer / Diver

## LBSL TEAM / Coach / Phone #

Year 2014: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year 2015: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year 2016: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year 2017 (18 & U or Last year of eligibility): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## ESSAY

**Directions:** In fifty to one hundred words, please describe what LBSL swimming and/or diving has meant to you. Please use the back of this form or attach a separate piece of paper.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of 2017 LBSL Coach: \_\_\_\_\_ Date: \_\_\_\_\_

## Application Due:

5PM, Saturday, July 22, 2017

**Return to:**

[pres@lbsl.org](mailto:pres@lbsl.org)