

Plumas Swim Team

Financial Aid Application

This application is to be filled out by the parent or guardian and returned to Plumas Swim Team. However, the USA Swimming fee of \$45 must still be paid up front. If you qualify for reduced school lunches and turn in a copy of your acceptance letter, the \$45 will be reduced to \$7.

ABOUT THE CHILD

Child's name _____ Birth Date ____/____/____ Age _____ Sex M F

Address _____ City _____ State _____

Zip _____

Home Phone (____) _____

Parent/Guardian's Work Phone (____) _____

Parent/Guardian's Name _____

How can Swim Team best help your child?

Does the child have any physical, social, or emotional problems? YES NO If yes, describe:

ABOUT THE FAMILY

Please list all employed persons in household. Gross income is prior to tax and benefit deductions. Include income such as child support. Please provide verification of income.

| Member of Family | Place of Employment | Occupation | Total Monthly Income | | | |
|------------------|---------------------|------------|----------------------|--|--|--|
| Parent | | | | | | |
| Parent | | | | | | |
| Other | | | | | | |
| Other | | | | | | |

FAMILY COMPOSITION

| Member of Household | Age | |
|---------------------|-----|--|
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Please list any special expenses, extenuating circumstances or crisis expense situations of which we should be aware of on a separate sheet if necessary.

TIME COMMITMENT

In order to receive financial aid from Plumas Swim Team, we require your swimmer to commit to practice schedules and participation in the Quincy Swim Meet, and a parent must agree to a ***substantial*** volunteer time commitment. This will include set up and volunteer at the Quincy Invitational.

I certify the information on this application and any documentation is true and complete to the best of my knowledge. I authorize the Plumas Swim Team to verify income documentation and household size.

Applicant's Signature

Date

Applicant's Printed Name

Application must be fully completed. Application with incomplete information will not be processed. It will be returned and thus delayed.

FOR ADMINISTRATIVE USE ONLY

| | |
|---|----|
| Original Swim Team Fee | \$ |
| Fee Charged to Applicant | \$ |
| Percent of Swim Team Fee Awarded in Aid | % |

| | |
|----------------------------------|--|
| Date Application Received | |
| Received by (Board Member) | |
| Signature of Board Member | |

Awarded by _____
Swim President Printed Name

Signature _____

| | |
|---------------------------------|--|
| USA Swimming Fee Charged | |
| Amount Received | |
| Date of Receipt | |
| Received by (Board Member) | |
| Signature of Board Member | |