



**Fort Collins Area Swim Team's
Financial Assistance/Scholarship Application**

Date of Application: _____

Swimmer(s) Name(s): _____

Parent(s) Name: _____

Swimmer or Parent Contact Number: _____

Swimmer or Parent Email: _____

Swimmer(s) Practice Group: _____

Copy of acceptance into the Free and Reduced-Priced NSLP Lunch Program from swimmer school/school district

Have you been on the FAST scholarship in the past: _____

If so what year(s): _____

We acknowledge and understand all of the requirements and guidelines listed on the Financial Assistance/Scholarship Program

Swimmer Signature

Parent Signature

Parent Signature

Application: Date Accepted: _____

Date Rejected: _____

FAST Bookkeeper

FAST Head Coach

FAST Treasurer