

Zeus Swim Team Application for Financial Aid 2022-2023

Swimmer's Name:	
Swimmer's Group/Level:	
Continue of None	
Swimmer's Name: Swimmer's Group/Level:	
Swiffinier S Group/ Level:	
Swimmer's Name:	
Swimmer's Group/Level:	
Swimmer's Address:	
Father/Guardian Name:	
Occupation:	
Mother/2nd Guardian Name:	
Occupation:	
Annual Income of Eather/Cuardian	
Annual Income of Father/Guardian:Annual Income of Mother/Guardian:	
Number of Other Children (under age of 18) in Household:	_
Attach a copy of:	
 The page of your most recent Federal Income Tax return that sh (usually the front page). 	ows your taxable income for the year
 If each parent/guardian filed separately, provide the page for bo 	th tax returns.
• Acceptance letter for Free or Reduced Lunch Program from the	•
Proof of involvement in the Connecticut Husky Insurance progr	
• If your financial situation has changed significantly since the lat but explain the changes in a separate note. If no tax return was f	
By signing this agreement, I hereby certify that all of the above informat knowledge. I understand that false statements on this application shall be disqualification from funding assistance. I understand that this informat Zeus Scholarship Committee in determining the level of financial assistathe 2022/2023 season. I understand that if I am accepted for assistance, t scholarship. I understand that failure to complete my commitment may financial aid and being denied financial aid in the current and/or next se Scholarship Committee may request supporting documentation to verify aid may be denied if requested documentation is not supplied.	e considered sufficient cause for ion is being provided as a method to assist the nce that may be awarded toward club fees for hat assistance may be either a full or partial result in being required to pay back the ason. I understand that the Zeus Swim Team
Signature of Swimmer	Date:
Signature of Father/Guardian:	Date:

Signature of Mother/2nd Guardian: ______ Date: _____