

Athlete Information

Niagara Swimming 2024 Outreach Application



Niagara and USA Swimming offer a reduced registration fee for athletes from low-income families. The purpose of this program is to provide competitive swimming opportunities to the underrepresented and economically disadvantaged youth in the United States. The Outreach Program reduces the annual membership fee an athlete pays to \$7.00. Complete the Athlete Information section and either Section A- Proof of Income or Section B- Proof of Assistance and submit with the required documentation and membership application.

Date:					
Name of Club:		C	ub Code:	LSC:	-
Athlete's Legal Name:					
Ī	_ast Name F	irst Name	Middle Initi	al	Preferred Name
Athlete's Birth date:					
	Month I	Day	Year		
Athlete's Current Address:					
	Address and Street		City	State	Zip Code
Home Phone Number:					
	(Area Code)				
Signature of Parent or Gua	 rdian			Date	
Section A: Proof of Incom					
Attach a photocopy of your		l tax returi	n, proving th	at vour incor	ne is below
the level in the following tal			-	-	
the level in the following tal	Number in Family		oss Yearly	binty Guidennes I	1112020-010012024]
		О.	Income		
	2		\$39,440		
	3		\$49,720		
	4		\$60,000		
	5		\$70,280		
	6 7		\$80,560		
	8		\$90,840		
	_		\$101,120		
	Over 8, add for each) ;	10,280		
Niagara S	Swimming uses 200	0% of the	Federal Po	verty Guide	line
Section B: Proof of Assis Attach a photocopy of an a		for one of	the followin	g assistance	programs
Attach a photocopy of an a	pproved application		the followin		· •
			the followin		programs Assistance to Needy
Attach a photocopy of an a	pproved application	Disability			· •
Attach a photocopy of an a Aid to Families with Dependent Children	□ Social Security Insurance	Disability	□ Food Stamps	☐ Temporary Families	Assistance to Needy
Attach a photocopy of an a Aid to Families with Dependent Children Supplemental Security	□ Social Security Insurance □ Women, Infant a	Disability	□ Food	☐ Temporary Families	· •
Attach a photocopy of an a Aid to Families with Dependent Children	□ Social Security Insurance	Disability	□ Food Stamps	☐ Temporary Families	Assistance to Needy
Attach a photocopy of an a Aid to Families with Dependent Children Supplemental Security Income	□ Social Security Insurance □ Women, Infant a	Disability and	□ Food Stamps □ Medicaid	☐ Temporary Families ☐ Children's	Assistance to Needy Health Insurance Plan
Attach a photocopy of an a Aid to Families with Dependent Children Supplemental Security	□ Social Security Insurance □ Women, Infant a	Disability and	☐ Food Stamps ☐ Medicaid ☐ Other	☐ Temporary Families ☐ Children's	Assistance to Needy Health Insurance Plan