

Gulf Swimming Coach Assistance Fund Application

To receive health care financial assistance from Gulf Swimming, you must:

- 1) be an active Gulf Swimming Coach member
- 2) be employed by a Gulf Swimming swim club (full or part time)
- 3) be willing to share the following personal and financial information

If you can say "yes" to these three conditions, please fill out form below:

Applicant Legal Name

Street Address

City

State

Zip

Work Phone number

Cell Phone Number

Club Team:

Years:

Position:

Salary:

Another job: Yes No

If yes, please provide employer information (name of employer, job role, salary):

Family Information:	Spouse:	Yes	No	Children:	Yes	No
	Spouse employed:	Yes	No	How many:	Ages:	

If yes, please provide spouse's employer information (name of employer, job role, salary):

Have you received assistance from another agency during the past 6 months? Yes No

Yes If yes, please provide details (name of agency, amount/type of assistance):

Total monthly wages for family:

Available cash as of today:

Current checking account balance:

Current savings account balance:

Investment balance:

Retirement account balance:

Please describe you need:

Review and processing of application will take at least 5 business days from submittal of application. Email application and copies of bills for which assistance to thasz1@gmail.com. Copies of bills for which assistance is needed **must be provided**. Failure to complete the entire form may delay the review of your request. If you need additional space, please attach a second page. If you have any questions during this process, please contact Gulf's executive director, Julie Bachman, at julie.bachman@gulfswimming.org.