



## Hawaiian Swimming Outreach Application

USA Swimming and Hawaiian 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 or B for Proof of Income and submit with the required documentation and membership application.

### Athlete Information

Date: \_\_\_\_\_ Athlete's USA Swimming Registration ID: \_\_\_\_\_

Name of Club: \_\_\_\_\_ Club Code: \_\_\_\_\_ LSC: \_\_\_\_\_

Athlete's Legal Name: \_\_\_\_\_  
Last Name First Name Middle Initial Preferred Name

Athlete's Birth Date: \_\_\_\_\_  
Month Day Year

Athlete's Current Address: \_\_\_\_\_  
Address and Street City State Zip Code

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
Signature of Parent or Guardian Date

### Section A: Proof of Income

Attach a photocopy of your most recent Federal tax return, proving that your income is below the level in the following table. [source: Federal Reduced School Lunch Income eligibility guidelines]

Number in Family	Gross Yearly Income
2	\$25,327
3	\$31,765
4	\$38,203
5	\$44,641
6	\$51,079
7	\$57,517
8	\$63,955
Over 8, add for each	\$ 6,438

**Section B: Proof of Income**

Attach a photocopy of an approved application for one of the following assistance programs.

- |  |                               |   |                                |
|--|-------------------------------|---|--------------------------------|
| <input type="checkbox"/> AFDC                      | <input type="checkbox"/> JOBS | <input type="checkbox"/> Emergency Assist | <input type="checkbox"/> TANF  |
| <input type="checkbox"/> SSDI/SSI                  | <input type="checkbox"/> WIC  | <input type="checkbox"/> Medicaid         | <input type="checkbox"/> CHIP  |
| <input type="checkbox"/> Food Stamps               | <input type="checkbox"/> HEAP | <input type="checkbox"/> Section 8        | <input type="checkbox"/> Other |
| <input type="checkbox"/> Free/Reduced School Lunch |                               |   |                                |

AFDC	Aid to Families with Dependent Children
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
Section 8	Housing
WIC	Women, Infant and Children
TANF	Temporary Assistance to Needy Families Program
CHIP	Children Health Insurance Program
JOBS	Job Opportunities and Basic Skills (Job Training)
LIHEAP	Low Income Home Energy Assistance Program

**Section C: Mail Application and Attachments**

To: **Hawaiian Swimming**  
Gwenn Tomiyoshi, Membership / Registration Coordinator  
171 G Ainaola Drive  
Hilo, Hawaii 96720

If there are any questions please email: [jackel@hawaiiantel.net](mailto:jackel@hawaiiantel.net) or call (808) 959-0608