**APPLICATION FOR FINANCIAL AID**

The primary purpose of the financial aid program is to make Los Altos Mountain View Aquatic club accessible to families that would not normally be able to participate. Consideration will also be given to current club members, if a need arises.

Financial aid will normally be awarded to one child from each applicant’s family. Additional children from the same family will receive any discounts that are currently applicable. Awards are usually made up to a **maximum of fifty percent of the tuition amount.** All additional fees, i.e., USA Swimming registration, meets, and equipment fees, are the responsibility of the individual family.

Awards are made for one swim season only, running from September through August. Recipients must reapply each year.

Please complete all questions and return dated and signed form to LAMVAC Treasurer, P.O. Box 1269, Los Altos, CA 94023-1269. We reserve the right to request your completed Federal Income Tax return from last year and a current pay stub.

Parent: Swimmer:

Address:

Telephone; Daytime ( ) Evenings: ( )

Email:

Please describe your marital status, or household situation, family composition and number of dependents.

Please describe your employment situation and sources of support:

**Please list your total monthly net income:**

|  |  |
| --- | --- |
| Wages and Salaries: |  |
| Child Support: |  |
| Food Stamps: |  |
| Other Income: |  |
| Total Monthly Income: |  |

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**Please detail your monthly expenses:**

|  |  |
| --- | --- |
| Mortgage/Rent: |  |
| Property Taxes: |  |
| Insurance: |  |
| Food: |  |
| Utilities: |  |
| Auto Expenses: |  |
| Child Care: |  |
| Health/Medical: |  |
| Clothing: |  |
| Home Improvements/Repairs: |  |
| Miscellaneous: |  |
| Other: |  |
| Total Monthly Expenses: |  |

How did you become aware of Los Altos Mountain View Aquatic club?

What are your goals for your swimmer:

The information submitted is correct and complete to the best of my knowledge. I understand that the information supplied to Los Altos Mountain View Aquatic club is confidential. I agree to treat the terms and amounts of any assistance granted in the same manner. In order to maintain eligibility I agree to ninety-percent participation in the recommended number of practices (except in the case of illness), to regular participation in applicable swim meets, to parent participation at meets, and to make all monthly payments by the 10th of each month. I understand that any fees and charges outside the tuition amounts are my responsibility.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Los Altos Mountain View Aquatic club is a non-profit organization, operated in accordance with and incorporated under the non-profit laws of the State of California, and does not discriminate on the basis of religion, sex or national origin.

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