Delaware Swim Team Financial Aid Application

For Fall 2025 financial aid consideration, please complete the following form in its entirety and submit it, along with appropriate attachments, by email to office@delawareswimteam.com, or in person to the DST office at Pike Creek, no later than Thursday, September 18, 2025. Any applications received after the due date, or those submitted without sufficient information, will not be eligible for assistance and will be returned to the applicant. The scholarship review committee will make recommendations and recipients will be notified of any financial aid no later than September 29, 2025.

The full amount for the first month must be paid due to the registration algorithm. The first month's financial aid discount will be applied to the swimmers account as a credit after the registration is completed and approved.

Please note that financial aid can only be applied to group dues. It will not cover the team registration fee, USA Swimming registration fee, meet entry fees, clothing orders, or other payments. Financial aid will be awarded as a percentage of group dues. If group dues change, the dollar amount in financial aid will reflect the same percentage of financial aid towards the new group dues.

Name of Swimmer(s) _____ Birth Date(s) _____

Parent E-mail Address _____ Age(s) _____ Phone Number _____

Financial Aid Information

(THIS INFORMATION WILL REMAIN CONFIDENTIAL)

Name of Applicant _____

Social Security Number _____-_____-_____

Address _____ City _____ State, Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Position _____

Spouse's Employer _____ Position _____

Continued….

All sources of family income should be included. Proof of income must be provided. Please attach copies of Federal Tax Return Forms 1040/1040A/1040EZ showing your gross income for the last two years.

	CURRENT YEAR
Monthly Gross (Please supply copy of current pay stub)	$
Annual Gross	
Other Income (inculding child support)	$
State or Federal Aid	$
Food Stamps	$
Medical Aid	$
Number of Childen supported	$

Unusual financial hardship or other helpful information for consideration:

The information provided in this application is correct to the best of my knowledge:

Signature _____ Date _____

Name Printed _____