BRUNSWICK AQUATIC CLUB

www.GatorsSwim.com

Brunswick Aquatic Club Scholarship Program
Financial Assistance

Purpose: This policy is intended to regulate the granting of financial assistance in the form of fee reductions for individuals and families financially unable to pay the established program fee.

Philosophy: BAC strongly believes that community members should have the opportunity to participate in a competitive swim team regardless of financial status.

APPLICATION PROCEDURES:

Attached are:
- A. General Information Sheet and Application
- B. Assets/Liabilities and Monthly Budget Form
- C. Parents' Certification Form

1. Complete all attached forms, attach a copy of your most recent Federal Income Tax returns and mail to: BAC Financial Assistance, 640 Creek Way Cir SE, Bolivia, NC 28422.
2. BAC follows financial assistance guidelines proposed by USA Swimming and North Carolina Swimming. Additional documentation such as a Free/Reduced lunch, Food stamps, SNAP, EBT, etc. approval letter will be required. See Page 3 for full details.

3. The Finance Committee will review your application using established criteria that is based solely on financial need. The Committee and the Head Coach will make a recommendation to the Board of Directors in regard to the application. A majority vote of the Board of Directors is required. The Finance Committee will notify you with regard to your application. All information provided shall otherwise be kept confidential.

4. All applicants who qualify will be eligible for a reduced monthly rate to be determined based on group placement, but will not exceed more than 50% of dues.

5. BAC will NOT cover the following costs associated with swim team membership: Annual fundraising requirements; Other swimming organizations fees (USA Membership, however financial assistance may be available directly from those organizations); Meet entry fees (optional, upon participation); Required practice equipment

6. The need for financial assistance will be reevaluated every year to determine whether additional assistance is required, and the Financial aid application is updated every year. The IRS form will be reviewed each year. Please be advised that you are required to inform the committee immediately if your financial situation changes. All applications, deliberations, and decisions shall be held in the strictest confidence. BAC reserves the right to refuse financial assistance.

BRUNSWICK AQUATIC CLUB

www.GatorsSwim.com

GUIDELINES FOR THE SCHOLARSHIP APPROVAL PROCESS:

1. BAC Board of Directors shall determine the availability of scholarship funds within the upcoming fiscal year's budget each July/August. The goal for scholarship funds shall be to help as many individuals and families as possible, however, each year maximum # of scholarships provided will be determined based on budget.

2. Financial Assistance Application must contain complete and true information. Incomplete or falsified information shall result in denial of request.

3. Financial Assistance shall not be granted for meet entries, USA Swimming Memberships, or equipment purchases.

4. All program participants' granted financial assistance shall remain in good standing with program instructors and USA Swimming. Unsportsmanlike conduct and/or conduct detrimental to the program shall be grounds for removal of all financial assistance present and future. Failure to meet BAC volunteer requirements will be grounds for dismissal from program. Paying the chargeback fee in lieu of volunteering will not meet the volunteer requirement under the scholarship program. Failure to meet the BAC fundraising requirement may be grounds for dismissal from the program. Revocation of scholarship assistance may be effective immediately, without advance notice for the above instances.

5. All interested participants must reapply annually for the Scholarship Program. Applications from individuals, who have not fulfilled BAC's fundraising or volunteer requirements for the previous year, shall be denied.

6. BAC reserves the right to terminate any and all scholarship assistance at any point during the fiscal year, due to extreme financial crisis of the team. BAC shall give 30 days' notification to the member upon revocation of the scholarship assistance in this instance.

7. BAC also reserves the right to terminate any and all scholarships assistance at any point during the fiscal year, due to any swimmer not maintaining an average of 65% of all practices.

8. In the event that the maximum scholarship funds available have been disbursed and additional applications are received, a waiting list shall be established base on the date of approval of the application. Upon dismissal of a scholarship member or availability of additional funds, scholarship assistance shall be offered based on position on the waiting list.

BRUNSWICK AQUATIC CLUB

www.GatorsSwim.com

Outreach Membership Program

Outreach membership offers qualified individuals the opportunity to become a USA Swimming year-round athlete member at a reduced fee …. The goal is to provide opportunities in swimming to under-represented and/or economically disadvantaged youth in the United States. Each Local Swimming Committee determines how they will qualify athletes for outreach membership. They may use but are not limited to national guidelines based on **Federal Food Stamps, Free School Lunch and/or Federal Poverty Guidelines**. Documentation that your LSC may want to accept as proof of eligibility **in addition** to the above:

WICK
Medicaid
Redacted tax returns

The USA Swimming goal for this program is to make it as easy to administer as possible and have as many swimmers participate as possible. We suggest that the burden of “proof” rest with the applicant. It is not the LSC Registration Chair’s job to track down people to verify their economic status.

BRUNSWICK AQUATIC CLUB

www.GatorsSwim.com

BAC FINANCIAL ASSISTANCE INFORMATION AND APPLICATION

Swimmer Applicant(s) _____ Group _____

Father's Name _____

Home Address _____

Home Phone # _____ Work # _____ Cell #_____

Occupation _____ Employer _____

Business Address _____

Mother's Name _____

Home Address _____

Home Phone # _____ Work # _____ Cell #_____

Occupation _____ Employer _____

Business Address _____

Parents are: ____ Residing Together _____ Divorced _____ Separated _____ Other

If parents are not residing together, swimmer(s) reside with:

_____ Mother _____ Father _____ Guardian _____ Other

Primary Residence: _____ Own _____Rent _____ Other

Total estimated amount of monthly dues you are able to contribute for each swimmer:

Name: _____ Amount: $_____

Name: _____ Amount: $_____

I HAVE READ AND UNDERSTAND THE ENCLOSED MATERIALS CONCERNING THE APPLICATION FOR FINANCIAL ASSISTANCE.

Signature:_____ Date:_____

BRUNSWICK AQUATIC CLUB

www.GatorsSwim.com

MONTHLY BUDGET

INCOME:

Monthly Salary _____ Monthly Bonus Income _____

Dividends _____ Monthly Interest Income _____

Alimony _____ Child Support _____

Housing Allowance _____ Rent _____

Other _____

TOTAL MONTHLY INCOME _____

EXPENSES:

Mortgage/Rent _____ Real Estate Taxes/Insurance _____

Utilities _____ Auto Payments _____

Child Care _____ Medical _____

Insurance (Health/Life/Auto) _____

Tuition _____ Deposit to Savings _____

Debt Reduction (Loans, Credit Card) _____

Other _____

TOTAL MONTHLY EXPENSES _____

MONTHLY VARIANCE _____

Signature _____ Date _____

BRUNSWICK AQUATIC CLUB

www.GatorsSwim.com

ASSETS

Savings Account _____

Checking Account _____

Accounts Receivable _____

Notes Receivable _____

Stocks & Bonds _____

Real Estate: Value _____ Mortgage Amount _____

Other Assets _____

TOTAL ASSETS _____

LIABILITIES

Mortgage(s) _____

Other Loan(s) _____

Credit Card Debt _____

Notes Payable _____ Secured _____ Unsecured _____

Accounts Payable _____

Other Debt _____

TOTAL LIABILITIES _____

Signature _____ Date _____

PARENT(S) CERTIFICATION

BRUNSWICK AQUATIC CLUB

www.GatorsSwim.com

For purposes of obtaining financial assistance to participate in the Brunswick Aquatic Club swim team, I (we) hereby declare that the information reported on these forms, to the best of my (our) knowledge and belief, are true, correct, and complete.

Attached is a true and correct copy of my (our) latest Federal Income Tax Return.

Signature of parents/guardian(s):

Printed Name _____ Signature _____ Date_____

Printed Name _____ Signature _____ Date _____

COMMENTS/EXPLANATIONS OF ANY UNUSUAL CIRCUMSTANCES (USE ADDITIONAL SHEETS IF NECESSARY):