Nation's Capital Swim Club

APPLICATION for Financial Aide

2025-2026

Section 1 Applicant's Personal Information

Name: _____
Last First Middle

Home Phone Number: _____-_____ Date Submitted: _____

Home Address: _____
Number and Street City Zip Code

My signature below certifies that all information I supply on this application is true and correct to the best of my knowledge. I understand that information I provide will be verified. I also understand that knowingly giving false information on this application will result in its immediate dismissal from consideration by the Selection Committee. If false information is discovered after approval has been granted, I understand that the agreement may be terminated and I will forfeit all provisions. I also understand that I may have to make restitution of any funds received.

I understand that I must complete the volunteer hours required by the NCAP contract and that I should make an effort to increase my volunteer efforts for NCAP activities. Such activities may include volunteering for fund raising, grounds and maintenance, or other committees or activities that NCAP currently resources primarily through volunteer work.

Applicant Signature Date

For Office Use: Please do not write below this line.

Date:

Selection Committee Notified/Meeting Date Scheduled: _____
Selection Committee Met: _____
Reviewed by the Board: _____
Notified Applicant: _____

☐ Original
☐ NCAP's Copy
☐ Applicant's Copy

Section 2A Parent #1 / Guardian Personal Information

Father or Guardian (circle one)

Name: _____
Last First Middle

Home Address: _____
Number and Street City Zip Code

Occupation / Employer: _____

Employer Address: _____

Employer Telephone Number: _____-_____

Total Annual Income: $ _____

Section 2B Parent #2 / Guardian Personal Information

Mother or Guardian (circle one)

Name: _____
Last First Middle

Home Address: _____
Number and Street City Zip Code

Occupation / Employer: _____

Employer Address: _____

Employer Telephone Number: _____

Total Annual Income: $ _____

Number of Dependents: _____ Ages: _____, _____, _____, _____, _____

Number of Dependents Residing in Your Home: _____

Number of Dependents Participating in a NCAP Swim Program:

_____
Swimmer's Name Group Name

_____
Swimmer's Name Group Name

_____
Swimmer's Name Group Name

Section 3 Financial Information

Please attach the following documents to this application:

- Most recent pay stub(s)
- Prior year's tax return
- Current mortgage or rent payment information
- Current car payment information
- Evidence of other financial obligations, as appropriate

Please attach any additional documentation of major monthly expenses that you would like the Selection Committee to consider with your request for assistance. All information forwarded to the Selection Committee will be held as confidential and will not be available to parties outside of the members of the Selection Committee and the Board, as necessary.

A. Please describe your request for assistance below:

_____
_____
_____

B. Use the space below to describe your situation and provide any information that will assist the Selection Committee in rendering a recommendation.

_____
_____
_____
_____
_____

Selection Committee Recommendation: Approved / Not Approved

Amount: $ _____ _____
Signature Date

Applicant will be responsible for the following provisions:

_____
_____
_____
_____
_____

Head Coaches' Approval: _____
Team Officer/Head Coach Date

I understand and agree to abide by the provisions set forth above. I understand that these provisions are for the current year only and if my situation persists, I must reapply next year.

Applicant's Agreement: _____
Signature Date