



## Nation's Capital Swim Club

### APPLICATION for Financial Aide

**2021-2022**

#### 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.

Selection Committee Notified/Meeting Date Scheduled: \_\_\_\_\_ Date: \_\_\_\_\_  
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:

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

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**Selection Committee Recommendation:**      Approved / Not Approved

**Amount: \$** \_\_\_\_\_  
Signature Date

**Applicant will be responsible for the following provisions:**

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**Head Coach 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